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WOMEN'S JOURNEY OF RECOVERY FROM SEXUAL ASSAULT TRAUMA: A GROUNDED THEORY

By

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Promoters: Prof. J. N. Mekwa and Prof. L. Denny

August 2006

DECLARATION

I declare that the "Women's journey of recovery from sexual assault trauma: A grounded theory" is my own work. All resources and materials that I have used or quoted have been indicated and acknowledged by means of references.

Signed by candidate

August 2006

Sinegugu Duma

DEDICATION

This dissertation is dedicated to all women of the South who are in the process of constructing transformative knowledge about themselves, their experiences and their history legitimately. The process of participating in or conducting and disseminating research about black women's experiences by black women researchers and scholars is the only legitimate way in which the world will ever learn the truth about us, the women of the South.

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ABSTRACT

Thousands of women and children experience sexual assault trauma annually in South Africa. The challenge posed by recovery from sexual assault trauma is a reality that confronts the victims and survivors of sexual assault, their families and the larger community of service providers in the context of the threat of HIV/ AIDS. Yet, little research has been conducted on recovery from sexual assault as a phenomenon. There are even fewer studies about the women's response to or recovery from sexual assault trauma.

The purpose of the study was to explore and analyse the journey of recovery which is undertaken by women who have been sexually assaulted, with the aim of discovering and developing the grounded theory of recovery from sexual assault trauma within the first six months following the event of rape. The main research question was: What constitutes the journey of recovery undertaken by women within the first six months following sexual assault?

A longitudinal qualitative study was conducted using the principles of grounded theory methodology as proposed by Strauss and Corbin (1990, 1998). A series of in-depth one-to-one interviews were conducted with a sample of ten women. The participants were selected through open, purposive and theoretical sampling procedures. The study was conducted over a period of six months following the event of sexual assault.

The substantive theory was discovered and constructed through the inductive and deductive analysis of data, grounded on the ten women's descriptions of their journey of recovery from sexual assault.

The theory of women's journey of recovery that was discovered and developed consisted of eight theoretical concepts or categories. These included the following concepts:

1. Sexual assault trauma

2. Awakening
3. Pragmatic acceptance
4. Turning point
5. Reclaiming what was lost
6. Defining own landmarks of healing
7. Readiness for closure
8. Returning to self.

The concept of “turning point” was discovered to be the crucial point in women’s journey of recovery from sexual assault trauma. It signified a point of forward progression or backward regression in the direction of the woman’s journey towards recovery.

The grounded theory of the journey of recovery from sexual assault is a contribution to the knowledge about women’s journey of recovery from sexual assault. It provides a process and language for understanding women’s experiences within the larger social context of recovery from assault.

The findings suggested that women’s journey of recovery from sexual assault trauma is an individual experience that is influenced by many and varied causal and intervening conditions. These included personal biographies, relationships, supportive and non- supportive environments at individual, family, community and societal levels. Recommendations for future research and clinical management of sexual assault are made based on the researcher’s interpretation of the findings.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
NPA	National Prosecution Authority
PEP	Post-Exposure Prophylaxis
PSTD	Posttraumatic Stress Disorder
SA	South Africa
SANE	Sexual Assault Nurse Examiner
STI	Sexual Transmitted Infection
TCC	Thuthuzela Care Centre

CHAPTER 1 BACKGROUND TO THE STUDY

Introduction

Thousands of women and children in South Africa and other countries experience sexual assault trauma annually. Sexual assault trauma is the type of interpersonal trauma that results from all forms of rape, including complete and incomplete rape, committed to a person under coercive circumstances or under any false pretences or by fraudulent means, without his or her consent (WHO, 2003:6).

About 52 733 cases of rape or attempted rape of women were reported by the South African Police Services in 2003. Approximately 6500 of these women came from the Western Cape Province alone. The South African Police Services Statistics (2004) indicated an increase of about 600 reported cases since the year 2000, in which 52 107 cases of rape were reported. Of the rape cases reported, 21 438 were of minors who were under the age of 18 years, and 7898 of these were under the age of 12 years.

These statistics do not give a complete picture of the extent of sexual assault trauma experienced by women in South Africa, because not all cases of sexual assault are reported to the police. There is a limited common law definition of rape in which technically only a female can be raped - and she can only be raped vaginally. In South African it is common knowledge that rape is defined as unlawful, intentional sexual intercourse with a female, by a male without her consent. The Sexual Offences Act, No. 23 of 1957 defines a number of sexual acts relating to sexual intercourse or indecent acts against women, young people and imbeciles, but it excludes men.

The South African National Institute for Crime Prevention and Rehabilitation (NICRO) estimates that only 1 out of 20 cases of rape are reported to the South African Police Services. This estimate suggests that the real rate of rape is more than 2000/100 000 members of the population. That is almost

triple the annual reported cases of tuberculosis in South Africa - reported to be 600/100 000 (Medical Research Council, 2000). These estimates indicate that sexual assault trauma is a serious public health problem. It is accompanied by emotional, social, functional, spiritual and physical health consequences for those who are sexually assaulted as well as their immediate families and communities at large.

Sexual assault or rape is recognised as a serious public health problem in South Africa and worldwide because of its immediate short-term and long-term health consequences for the raped woman, her family and community. Rape takes many forms, including acquaintance rape, date rape, marital rape, and stranger rape. It also extends to the rape that is used as a tool of war and torture, and as an abuse of power and authority in many settings such as workplace and home (Watts & Zimmerman, 2002: 1232; Swiss & Giller, 1993: 612; Denny & Olivier, in press).

Acquaintance rape is defined as rape which transpires between individuals who know each other casually, such as a person known only superficially. It is difficult to prosecute, and also has a stigma attached to it (Olshaker, Jackson & Smock, 2001: 33). Because of this, and fear of not being believed when reporting it, it is often not reported to the police and health care services.

Date rape is rape that occurs between two people who have a defined intimate relationship at the time of the event of sexual assault. Like acquaintance rape, it is also difficult to prove and prosecute since it is subject to misinterpretation and is sometimes used as a cover for sexual mistakes. It is also underreported, despite it being the most common type of rape (Olshaker *et. al*, 2001: 33).

Marital rape is sexual assault that occurs between two married partners. It can occur at any time during the married couple's life, but often happens when the couple is living separately because of marital problems (Olshaker *et. al*, 2001: 34). Marital rape destroys the fundamental basis of an intimate marital relationship between two intimate partners - trust. In South Africa marital rape

is recognised as a crime by two legislation documents, the Domestic Violence Act of 1998 and Family Violence Act of 1993.

Stranger rape is usually a once-off sexual assault event. The perpetrator is unknown to the victim. A general and documented observation is that victims of stranger rape often receive more sympathy from the community, family and even among health professionals than victims of other types of rape (Wyatt, Notgrass & Newcomb, 1990:153).

1.1. Health consequences of sexual assault trauma

The profound effects of the trauma of sexual assault on the raped victim are many and varied. The most immediate and often reported effects are the physical, health-related consequences. These include physical trauma such as injuries to the genitals, other bodily injuries and bleeding from forceful sexual intercourse, and other intentional physical wounds inflicted by the perpetrator. However, reports indicate that some victims do not sustain physical injuries. This can happen because either they were not threatened physically during the sexual assault event, or they did not resist when threatened - which is usually a self-protection strategy, particularly when weapons are used during the rape event. It also happens when the perpetrator is someone known to the victim or someone the victim once felt safe with, such as in the case of rape by a relative or an acquaintance (Kaysen, Morris, Rizvi, & Rsick, 2005; Martin, 1999). In child sexual abuse the perpetrator is also usually known to the child and her or his family.

In addition to the immediate physical health consequences, the risks of an unwanted pregnancy and sexually transmitted infections (STIs), including HIV infection transmission from the perpetrator, are real. In South Africa the fear of HIV infection transmission from the sexual assault event is high because the country has the highest incidence of HIV/AIDS infections in the world. Furthermore, there are widespread myths about men's ability to cure or cleanse themselves of HIV infection or rid themselves of the virus that causes

AIDS by having forced sexual intercourse with a virgin or young child (Meel, 2005: 219; Meel, 2003: 85).

The increase in the number of multiple rapes or gang rapes in South Africa, including Cape Town in the Western Cape, increases the chances of HIV infection transmissions and the related emotional stress (Kistner, 2003: 5). The fear of contracting HIV and other STIs and of falling pregnant from the sexual assault interferes with the woman's recovery from the sexual assault trauma if not treated or prevented simultaneously.

The emotional and mental health problems following sexual assault include shock, fear, helplessness, anxieties, disturbed eating and sleeping patterns, having flashbacks of the incident and recurrent nightmares, being overvigilant, impaired concentration, depression, self-blame and self-devaluation, and social withdrawal. Persistence of these symptoms can lead to post-traumatic stress disorder (PTSD) and other long-term mental disorders (Amar & Gennaro, 2005: 235; Benight & Bandura, 2003: 1129; Strike & Ferris, 2001: 285; Koos, Woodruff & Koos, 1991: 85). These symptoms interfere with the woman's social functioning during the period following sexual assault.

The long-term health problems are diverse and are reported to include reproductive health problems, chronic gastrointestinal problems, chronic headaches, back pains, psychosomatic complaints, chronic depression, PTSD, suicidal tendencies, obesity and other eating disorders, marital problems, sexual dysfunction and decreased sexual satisfaction, poor self-rated health status and long-term feelings of insecurity, anxiety and shame, and high-risk sexual practices (Strike & Ferris 2001: 285; Felliti, 1991: 328; Shearer & Herbet, 1987: 169).

The above information demonstrates the seriousness of sexual assault as a public health problem and its consequences on the individual victim or survivor, her family, service providers and the community at large.

1.2. Recovery from sexual assault trauma

The prospect of recovery from the trauma of sexual assault is a reality that confronts the victims and survivors of sexual assault trauma, their families and the larger community of service providers. Yet there is little research that has been conducted on recovery from sexual assault as a phenomenon. There are few studies about the women's response to or recovery from sexual assault trauma.

Within the limited documented studies on recovery from sexual assault, some studies focus on the coping strategies during the event of rape or immediately after the rape as predictors of recovery following sexual assault (Kaysen *et al.*, 2005; Frazier, Tashiro, Bergman, Steger & Long, 2004; Gilbert & Cunningham, 1986; Burgess and Holmstrom, 1976). However, these studies do not indicate the relationship between the coping strategies and the actual process of recovery, or how recovery happens in relation to the coping strategies used by the woman during or after the event of rape. However, one study reported that the victim's perceived control over the recovery process was found to be a coping strategy associated with positive changes following sexual assault (Frazier *et al.*, 2004:19).

The studies which focus on factors that influence recovery are also fewer and do not show the relationship between the factors that influence recovery and the actual journey of recovery from sexual assault trauma. The reported factors that influence recovery - having a positive or negative impact - include being in a stable relationship (Burgess & Holmstrom, 1978), social support providers' behaviours, such as blaming the victim or discouraging the victim from talking about rape, and emotional support from friends (Campbell, Ahrens, Sefl, Wasco & Barnes, 2001; Ullman & Filipas, 2001; Ullman, 1996).

Some of the studies that investigated recovery of women from sexual assault only studied certain aspects of the women's life, such as social functioning, and did not study the recovery in a holistic manner. Others equated the absence of certain symptoms (such as PTSD) or return of certain functions as

recovery, without considering the experiences that women considered as being part of recovering, and the meaning that women attached to those experiences as recovery. For instance, Burgess and Holmstrom (1978) considered survivors who were able to withstand the effects of sexual assault or returned to social integration within the first three to six months following the traumatic rape experience, and those who reported being symptom-free after a year following the rape, to have recovered. Astbury (2001: 1) considered women who had regained their sense of meaning, purpose and pleasure in their lives within a specified period following rape as having recovered. Sales, Baum and Shore (1984: 117) reported an uneven course of recovery, with the acute phase subsiding within the initial six-month period, only to be exacerbated later.

The common thing among the abovementioned researchers was that they considered the period of time taken by the participants to recover as an important variable. They also considered the absence of certain symptoms as determining recovery. Their investigations did not focus on the phenomenon of recovery or the women's description of their experiences and meaning attached to such experiences during the phenomenon of recovery.

1.3. Problem statement

The prospect of recovery from the trauma of sexual assault is a reality that confronts the victims and survivors, their families and the larger community of service providers. Yet knowledge about recovery from sexual assault trauma as a phenomenon is currently limited to the identified coping strategies and factors that influence recovery as well as the health consequences. The phenomenon of recovery as experienced by women who have been sexually assaulted, and the meaning that these women attach to their experiences during recovery have not been researched. No holistic theory of recovery from sexual assault trauma has been posited.

This means that the current secondary and tertiary sexual assault management protocols and intervention programmes have limited theoretical or scientific basis. Given the magnitude of the occurrence of rape in this country and all over the world, a new understanding of the journey of recovery and meaning of the experiences during the journey of recovery from sexual assault trauma should be obtained from the victims' and survivors' perspectives. That understanding and knowledge will improve both women's self-care after sexual assault and clinical management interventions for women who have been sexually assaulted.

A decade ago Wilson and Raphael (1993: 508) identified the need for the research of the phenomenon of recovery from the women's perspective. Such information, they added, was important not only for the researchers and service providers but also for the general public and sexual assault victims who, in the process of healing or trying to cope with the trauma of sexual assault, may seek support from families and friends rather than health service providers.

The limited knowledge about women's journey of recovery from sexual assault trauma is a limitation to service provision and a challenge to researchers and scholars, who should provide a scientific basis for intervention strategies to combat sexual assault as a major public health problem.

1.4. Significance of the study

The current study is significant to all service providers of sexual assault management programmes, policy makers and health and legal researchers alike. The findings of the study highlight the theoretical foundations to be considered when the effects of sexual assault trauma as a public health problem are dealt with. The absence of theoretical foundations for sexual assault intervention programmes is a challenge for all service providers - and means the absence of scientific evidence to support intervention strategies, protocols and policies.

The current study, a grounded theory of recovery from sexual assault trauma, is grounded on experiences of sexually assaulted women. It provides the theoretical foundation on which all stakeholders can base their intervention programmes for sexual assault trauma victims and survivors. The findings of the current study are important for any future development of sexual assault management policies, protocols and intervention programmes, as well as the development of self-care models for sexual assault survivors and their families.

The political significance of the study is demonstrated in its support (through findings) of the collaborative work undertaken by the South African Departments of Health, Justice, and Social Welfare. These Departments together prioritised the improvement of service provision and management of rape victims through training of service providers on both the management of rape victims and forensic evidence collection. The findings of the current study, especially regarding the context and intervening conditions, supports the integration of the social, legal and justice systems, culture and the health system in the women's journey of recovery from sexual assault trauma. These findings indicate that the government departments' collaborative work in the management of sexual violence is not just a political stunt, but is science based.

For scholars and researchers in gender-based violence, and sexual violence in particular, the significance of this study is the new knowledge that has been produced about black women's experiences of recovery from sexual assault trauma and the meaning that these women attach to their experiences of recovery from sexual assault. This study is a contribution to new knowledge as one of the few studies that investigates and reveals the women's journey of recovery from sexual assault trauma within a specific ethno-cultural group within the South African context.

Through the application of these findings in sexual assault management protocols and policies, black South African women will be able to influence the decision-making and policies regarding future management of sexual assault,

and training of service providers (especially health professionals) in the management of victims and survivors of sexual assault.

For the community of black feminist scholars, this study is another contribution to the transformational knowledge that is constructed by a black woman from the voices of black women on their experiences in the post-colonial and post-apartheid era.

According to Polit and Hungler (1991: 4) the purpose of research is to develop, refine and extend the scientific base of knowledge. The significance of the current study is that it is a contribution to the development of theoretical knowledge which gives scientific basis to nursing practice, health care and other disciplines in the management of sexual assault.

Theory development is an important and valued task in nursing as a profession because it clearly establishes nursing as a profession. Nursing is committed to practice that is based on sound, reliable knowledge (Walker & Avant, 1988: 3). Although the study led to the development of a substantive theory, that theory is a contribution to the profession of nursing, especially the nursing practice of Sexual Assault Nursing Examiners or Sexual Assault Forensic Nurses, which does not yet exist in South Africa.

The findings of this study will provide the theoretical basis on which future nursing training and educational programmes around sexual assault survivors will be developed and promoted.

1.5 Purpose of the study

The primary purpose of the study was to explore and analyse the journey of recovery which is undertaken by women who have been sexually assaulted within the first six months after the event of sexual assault trauma. The secondary purpose was to discover and develop a theory of recovery

is to build a theory that is faithful and illuminates the area under study and is useful for application to related disciplines (Strauss & Corbin 1990: 24).

Grounded theory is a research methodology developed and introduced by Barney Glaser and Anselm Strauss in the early 1960s. The introduction of the new methodology was a reaction to the dominance of quantitative research methods, which were regarded by some as the only research model in social science research, although they did not allow for an interpretive approach to research. There was a strong criticism of qualitative research as an unscientific approach which lacked scientific rigour. In defence of the qualitative and interpretive research approach, the two researchers developed and introduced the grounded theory methodology to demonstrate that qualitative research can be conducted in a scientific approach (Woods, 2003: 4; McCann & Clark, 2003:19; Maijala, *et.al.*, 2003: 40).

Glaser (1992: 16) defines a grounded theory approach as follows:

“... a general method of analysis linked with data collection which uses a systematically applied set of methods to generate an inductive theory about a substantive area. The research product constitutes a theoretical formulation or integrated set of conceptual hypotheses about the substantive area under study ... The testing or verificational work on or with the theory is left to others interested in these types of research endeavours”.

History reveals that the two pioneers of grounded theory later disagreed on some of the fundamental procedural issues of the methodology. This resulted in the two approaches to grounded theory known as the Glaserian inductive approach or classical grounded theory and the Straussian inductive-deductive approach (Woods, 2003: 4; McCann & Clark, 2003: 19; Maijala, *et al.*, 2003: 40).

The disagreement between the two grounded theory pioneers on fundamental procedural issues of the grounded theory methodology should be viewed as a positive development and improvement in the methodology itself. Disagreements among scholars like these are not unique to grounded theory. There is documented evidence of how other researchers adapted or introduced some changes in approaches (such as in phenomenology and ethnography) throughout their history of existence to what these approaches are today. The disagreement between the grounded theory pioneers also does not mean that either Glaser's or Strauss's approach is superior to the other, because they still share many common features despite the disagreements that separate them (McCann & Clark, 2003: 19). It is each researcher's choice to select the approach he or she is more comfortable with to apply in his or her research.

The theoretical underpinnings of the grounded theory are symbolic interactionism. Symbolic interaction focuses on the meaning of events to people in their natural and everyday settings. It rests on the premise that human beings learn the definitions and meanings of events, objects and objects through self- and social interaction. The grounded theory approach is characterised by examination of the social phenomenon and interaction as well as a focus on the personal experiences of the participants and basic social processes (Chenitz & Swanson, 1986: 4).

1.7.1. Selection of grounded theory methodology for this study

Grounded theory was selected as the best methodology to conduct the current study. Its selection was determined by the research problem and the purpose of the research. However, I also consciously selected the grounded theory methodology because of the indications discussed below.

Grounded theory is suited to research that is aimed at understanding processes about which little is known although there could be preconceptions and assumptions about them (Majjala et al., 2003: 40; Symes, 2003: 38; Miller & Fredericks, 1999: 538). From a literature review conducted prior to the research, it was discovered that there are many preconceptions about sexually assaulted women's experiences following sexual assault. Yet, there was little explanation of the phenomenon of the journey of recovery that follows sexual assault. Since the purpose was to investigate these experiences and explain them in a substantive theory, the grounded methodology was the only method that would produce a theory grounded in data. It is the only methodology that would produce findings that are more conceptual than just the description of themes from the participants' voices.

Grounded theory as a methodology has its focus on the participants' personal experiences and basic social processes (Majjala et al., 2003: 40). This also made the methodology more appealing to me, since the whole research interest was about investigating raped women's experiences during their journey of recovery from sexual assault trauma to explain the basic social process of recovery.

Through extensive reading of grounded theory methodology literature, it was discovered that grounded theory provides the systematic procedures or /and techniques for data collection, data analysis and theory development. It was also learnt that the methodology still allows for the researcher's flexibility and creativity in implementing these procedures, without sacrificing the credibility and trustworthiness of the study (Colloway & Knaap, undated). Personally, I like structure and a systematic way of doing things, but I also like to know that I can always bring in my own creativity and flexibility around certain issues for pragmatic purposes. For that reason, selecting the grounded theory was a natural response to personal style and a need for assurance that the credibility of my research project could not be sacrificed because of flexibility and creativity in conducting the research, as long as I remained within the canons and principles of my selected methodology.

The grounded theory methodology is still in its infant, developmental stages when compared with other well established qualitative research methodologies (Cikoratic, Bourke & Mack, 1999: 1). However, there is also a growing popularity of the use of grounded theory methodology among nurse researchers in this country and abroad. This popularity is brought about by the practical and theoretical usefulness of grounded theory in legitimising nurses and the nursing profession in the development of knowledge and theories that have practical application to nursing and problems affecting the people that nurses engage with in their practice.

The selection of grounded theory was also as a contribution to knowledge development in the qualitative researchers' community, and growth in grounded theory methodology among nurses in this country. That is in line with my epistemological beliefs that nurse scholars (who are mostly women) are legitimate constructors of knowledge about that which affects their daily practice as researchers, scholars, practitioners and women.

1.7.2. Selection of longitudinal qualitative research design

Qualitative research is a form of social enquiry with a focus on the way people interpret and make sense of their experiences and the world in which they live. Qualitative research designs commonly include ethnography, phenomenology, and grounded theory (Holloway & Wheeler, 2002:3). The latter was used in the current study because of its relevance to the research questions and the purposes of the study.

There are several types of longitudinal study designs. These include trend studies, cohort studies, cross-sequential designs and panel studies (Polit & Hungler, 1991: 244). Trend studies investigate the same phenomenon at repeated intervals, but draw the samples from the same population. Cohort studies investigate different samples at different points in time, using specific subgroups which are age-related. In cross-sequential designs, two or more

different cohorts are studied over a period of time in order to detect “generational” changes over time (Polit & Hungler, 1991: 244).

In panel studies, data are collected from the same sample at two or more intervals to investigate the patterns of changes and rationale for such changes over a period of time. Since the participants are contacted more than once, it is easy for the researcher to identify and isolate those participants who did not change, as well as those who did. The researcher can further isolate the characteristics of those who did or did not change. The most important feature of panel studies is that they allow for investigating how earlier conditions and characteristics influenced conditions and characteristics at the next sessions (Polit & Hungler, 1991: 244).

The panel studies type of longitudinal study approach was selected for this study. This allowed the researcher to observe the overall changes undergone by participants at different intervals throughout the period of six months following the incident of sexual assault trauma. This type also enabled the researcher to identify the conditions that influenced the changes in the participants during their journey of recovery from sexual assault trauma at different intervals during the period of the study.

Qualitative research designs allow the researcher to make their own interpretation of social reality, which is constructed by people who create it. These designs also provide the researcher with intricate details of the phenomenon which would be difficult to obtain through quantitative research designs (Ulin, Robinson, Tolley & McNell, 2002: 29; Holloway & Wheeler, 2002:10). For example, it could have been difficult to get the participants to talk about all their intricate experiences by completing a quantitative study questionnaire. As a result, it became an obvious design of choice for the current research, which aim to develop a theory through interpretation of data from experiences of women following sexual assault.

Qualitative research designs allow for closeness between the researcher and the researched, and can therefore provide the researcher with subjective data

as well as some objective data. Utilising the grounded theory allowed me to maintain a balance between this subjectivity and the objectivity that is expected of a researcher.

A longitudinal study approach was selected because of limitations and weaknesses reported in studies identified and discussed in Chapter 3 (aspects of literature review). In some of these studies the participants were only interviewed once, long after the event of sexual assault. In some, participants were expected to recall how they felt or what they thought helped them to recover (Kaysen *et al.*, 2005; Frazier, Tashiro, Bergman, Steger & Long, 2004; Neville, Spanerman, Heppner, & Clark, 2004: 83; Burgess & Holmstrom, 1979: 1278). These studies therefore relied on the participants' ability to remember and recapture what they experienced after the incident of rape. It is difficult to ascertain the accuracy of a memory about a traumatic experience. It is also difficult to ascertain the amount of information that a participant is capable of remembering about one of the most traumatic experiences of her life.

For the current study a longitudinal study approach was strategically selected to ensure that the women's experiences were captured and interpreted as they were being experienced and thus still fresh in their mind over a period of six months following the incident of sexual assault trauma. The selection of the intervals between different interview sessions was also strategically planned, based on general observations and assumptions regarding recovery as well as the individualistic nature of the study participants as human beings.

The longitudinal qualitative research design and the grounded theory approach proved to be the best method suited to the research question, because of their potential to highlight the process of change that happens to women during the six month period after rape. Bringing process into the data analysis is an essential feature of grounded theory, irrespective of whether the researcher aims to develop a general formal theory or a substantive theory (Strauss & Corbin, 1990: 174).

The longitudinal qualitative research design and the grounded theory approach catered for discovering what was going on in the lives of women from the time they were sexually assaulted until the end of six months later. The research question was not about what the women *had* experienced, but what they were experiencing during the period immediately following the incident of rape up to the end of six months later.

Other qualitative methodologies such as phenomenology and ethnography were found to be inappropriate for an investigation of the women's journey of recovery from sexual assault. Phenomenology is a qualitative research methodology which is concerned with lived human experiences. Ethnography, on the other hand, is concerned with the life patterns of a particular culture or subculture (Polit & Hungler, 1991: 644, 651).

The longitudinal study design was selected despite its known and foreseeable risks, such as high sample attrition rates and financial expenses. Polit and Hungler (1991: 248) also identified these risks as disadvantages of conducting longitudinal studies. However, for the current study certain mechanisms were successfully built in to prevent high sample attrition rates. As a result, out of ten participants, only two (20%) did not finish the scheduled four interview sessions. They could not be found for the fourth and last session.

Financial expenses were also successfully handled and budgeted for. The participants were reimbursed for all their time for participating in the research and for their travelling fees.

There was a general fit between the research purposes and employment of the grounded theory methodology within the longitudinal qualitative study design, as well as the researcher's philosophical and epistemological approach to research and knowledge construction. This fit is what mattered most in the selection of the study design and methodology.

1.8. Research setting

This study was conducted in Cape Town, capital city of the Western Cape province of South Africa, in 2005. The Western Cape is one of nine provinces of South Africa, and is situated on the south-western tip of the African continent.

Cape Town is a large, modern city which is affectionately known as the 'Mother City'. It has a cultural diversity of African, European, Indian, Malaysian and other traditions. It boasts a population of more than 4 million people. About two-thirds of these are concentrated in the Cape Metropolitan area. More than 50% are of mixed race (so-called 'coloureds') (Gass, 2004) and the other 50% are black, whites or Indian (Statistics South Africa, 2004).

Western Cape people are relatively educated, with a literacy rate of 95% compared with that of the rest of the country at 85%. At least 22% of Western Cape adults have completed 12 years of general education. Two-thirds of the Western Cape population is employed in the formal (77%) and informal sectors (13%) (Statistics South Africa, 2004).

The Western Cape population has better access to both public and private health facilities than the rest of the country, but only approximately 30% of the population has access to medical aid. This is higher than the rest of the country, with only an estimated 16% of the population covered by medical aid. Most of those who have access to medical aid in the Western Cape are white (48%), followed by Indians (29%), coloureds (21%) and blacks (8%) (Statistics South Africa, 2004). Those covered by the medical aid often make use of private health services, and those who are not covered by medical aid use public health services.

However good these statistics may look, they do not clearly demonstrate the squalid and life-threatening conditions under which much of the population of the Western Cape province, especially black African women, find themselves. These squalid conditions include unemployment, poor education and poor

housing, all of which lead to dependency on men. This renders women vulnerable to abuse of all types, including sexual assault and intimate partner violence, and exposure to HIV infection. Cape Town is still reported as one of the most violent cities in the country, where women and children are not safe in their homes and in public spaces (Rape Crisis, 2005).

In order to fight against rape, which is a crime and violation of human rights, a public health and social problem, and is also linked to the HIV and AIDS epidemic throughout the country, various governmental departments, including the Department of Health, Social Development, and Justice and Constitutional Development, and the South African Police Services under the leadership of the National Prosecution Authority (NPA), designed a new anti-rape strategy known as the Thuthuzela Care Model. This model is offered at the dedicated Thuthuzela Care Centres (TCC). (National Prosecution Authority pamphlet, undated)

'*Thuthuzela*' is an IsiNguni word which means 'to comfort'. The TCCs are 24-hour one-stop multidisciplinary services where sexual assault victims receive medical examination, care and counselling. They also make statements to the police and see prosecutors, all under one roof. The aims of the TCCs are:

- ❑ To prevent secondary victimisation of the rape victim, including prevention of sexual assault-related complications, such as being infected with HIV and STIs.
- ❑ To improve perpetrator conviction rates and reduce case cycle time.
- ❑ To restore the survivor's dignity through respect and support.

Currently, there are six TCCs in operation in public hospitals around the country. They are strategically located in communities where there are higher rates of rape. They are linked to sexual offence courts.

The TCC at G. F. Jooste Hospital was selected as the recruitment site for the study because of its location in Manenberg and the fact that it is known to all communities as the centre that is dedicated to management of sexual assault victims and survivors. It provided an ideal setting for recruitment of women

who had been recently raped. Manenberg which is a stone's throw from Cape Town International Airport. It serves the communities of Gugulethu Township, Hanover Park, Khayelitsha Township, Mitchell's Plain, and the surrounding informal settlements (personal conversation with Sister Baraza, a registered nurse in charge of the TTC at G. F. Jooste Hospital, 24 January 2006).

1.9. Definition of terms

One of the sources of errors which often occur in the interpretation and judgement of research reports is the vagueness or lack of definition of terms used in those research reports (Bless & Higson-Smith, 1997: 145). One way of preventing these errors is to provide upfront the terms that are used for the present study. For the purposes of the current study, the following terms are defined as follows:

The 'journey of recovery': All attitudes and behaviours experienced and manifested by the woman who has been sexually assaulted following the event of sexual assault as a response to the trauma associated with sexual assault.

Sexual assault and rape: For the purpose of this study, all intentional sexual violence acts including complete or incomplete vaginal intercourse (rape) that are directed against the woman without her consent constitutes sexual assault. The term sexual assault is used interchangeable with the term rape throughout this research report.

Sexual assault victim: A woman who reports having been raped, immediately after the incident of rape or during the initial visit to the rape centre and the initial phases of data collection. This definition was taken from the Sexual Assault Nurse Examiner (*SANE Development and Operation Guide*'s definition. The *SANE Development and Operation Guide* (not dated) states that raped women requested to be recognised as victims immediately

when they got to the emergency departments of the health service because they felt like victims and not survivors at that stage.

Sexual assault survivor: Any woman who has a history of rape, but who demonstrates signs of being in control of her circumstances and is taking control to regain most of her social, emotional and psychological functioning following sexual assault trauma.

1.10. Organisation of the report

Chapter 1 discusses the background to the study, the significance of the study and the setting where the study took place, as well as the reasons for the selection of the qualitative longitudinal approach within the grounded theory research design for conducting the study.

Chapter 2 discusses the theoretical and philosophical background of the researcher which influenced her selection of the methodology, the decisions made during the research, as well as the interpretation given to the findings of the study.

Chapter 3 discusses different views regarding the use of the literature review in qualitative research, gives special indications for use of literature review in the current study, and concludes with discussion of literature that has significance to the current study.

Chapter 4 presents the methodology and the data collection process of the study and the audit trail of the study, i.e. all aspects of what was carried out during the study.

Chapter 5 discusses the procedures that were used in the analysis of data. It is separated from the data collection process for technical purposes only, but the two processes occurred simultaneously.

CHAPTER 2 THEORETICAL FRAMEWORK

Introduction

This chapter discusses the philosophical approach, the research paradigm of enquiry, and the epistemological approach of the researcher towards research and knowledge production. These are disclosed upfront in order to provide the reader or the research consumer with insight into the philosophical and theoretical perspectives which influenced the researcher's choices of research methodology, research questions, approach to participants, data collection and analysis, as well as presentation of the research findings. Information about the researcher's philosophy, epistemology and research paradigm of enquiry assists the reader or the research consumer in understanding, interpreting, and evaluating the nature of the knowledge that was produced through the current study and put forth in this thesis.

The discussion and disclosure of this information upfront is another form of bracketing that the researcher elected to use. In bracketing, the researcher's pre-existing assumptions and biases are suspended in order to examine what is present and is being studied. Alternatively, the researcher's pre-existing assumptions and biases are disclosed openly for the research consumer's benefit in making his or her own judgement about the work produced by the researcher (Holloway & Wheeler, 2002: 173).

For technical reasons the research paradigm of enquiry, the philosophical approach and the epistemological approach of the researcher to research and knowledge construction are presented separately. In reality, all these are interrelated and intertwined. Together with the researcher's personal and professional experiences, they influenced the whole production of this thesis.

2.1. *The paradigm of enquiry*

A paradigm is defined as a basic set of beliefs or assumptions that guide the researchers' approach in their studies (Creswell, 1997: 75). It is the entire constellation of beliefs, values and techniques shared by a given community, such as qualitative or quantitative researchers (Kuhn, 1970: 175). It can also be regarded as the theoretical framework which provides the researcher with sets of principles and rules for conducting research.

The paradigm of inquiry used in this research is the naturalistic, interpretive and qualitative paradigm of enquiry within feminist research perspectives.

2.1.1. *The naturalistic, interpretive paradigm of enquiry*

In the naturalistic, interpretive research paradigm, the world is viewed as constructed, interpreted and experienced by people in their interactions with each other and with the wider social system. That explains why qualitative researchers explore each phenomenon from its related social, cultural, political and physical environment. The focus of research is on both the objectively verifiable facts as well as the subjective meanings that people attach to those facts. The key research components in naturalistic, interpretive research are the subjective perceptions from people's experiences, their objective actions or behaviours and the context within which the phenomena occur (Ulin et al. 2003: 22).

The naturalistic interpretive qualitative research paradigm allows for the closeness in distance and interactive relationship between the researcher and the participants. Such closeness between the researcher and participants is hardly found within positivist and quantitative research paradigms, where the researcher and the subjects are independent and constitute dualism (Creswell, 1997: 75; Lincoln & Guba, 1985: 37).

Unlike quantitative research, the naturalistic, interpretive, qualitative research paradigm also allows for inductive generation of data from participants during

the research process. In quantitative research, data to be collected are commonly specified in advance of the research process (Creswell, 1997: 73).

The naturalistic, interpretive paradigm of enquiry accepts the existence of multiple realities. It also accepts that such realities are constructed and interpreted by people and their past and present experiences, cultural and historical contexts (Creswell, 1997: 77). In the current study an attempt was made to report the realities from the raped women's perspectives. The researcher's interpretations of such realities were also made, and resulted in a theory of the women's journey or recovery from sexual assault trauma. In this thesis the realities gleaned from the study participants and the researcher's interpretations are shared with the research consumer, who might also have his or her own interpretations of such realities based on his or her own past experiences and historical and cultural contexts.

Such interpretations and conclusions could have been impossible to reach within the positivists' assumptions and beliefs of a single and tangible reality. The nature of the subject of research, the research problem, and the sequential interviews for data collection would have been hampered within a positivist paradigm where the researcher and the subjects are independent and constitute dualism and where there is only one reality.

The rhetorical assumptions such as the language use and writing style, including the use of a personal and narrative style in report writing in the naturalistic, interpretive paradigm of enquiry are unique, and different from the positivist paradigm (Creswell, 1997: 77). However, the challenge to maintain a balance between the narrative and an academic writing style is often a limitation that the researcher who is using this paradigm has to contend with. As a result, there is very limited use of the first person in this thesis. The first-person voice is only limited to those aspects where it was felt necessary to let the researcher's voice or opinion be heard. The participants' voices are used extensively in Chapter 6.

The naturalistic, interpretive, qualitative research paradigm has a good and natural fit with the grounded theory as a methodology of choice for the current study, where the theory of women's journey of recovery from sexual assault was generated from data from the participants.

The researcher's interest in the current study was in women's journey of recovery from sexual assault trauma as a phenomenon, the context under which that phenomenon occurred, and the conditions that influenced the occurrence of such a phenomenon. Only the interpretive and qualitative research paradigm of enquiry could allow for discovery of the phenomenon of recovering from sexual assault trauma and the context within which the phenomenon occurred. The interpretive, qualitative research paradigm also allowed the researcher to discover the meaning that the women attached to their experiences of the phenomenon of recovering from sexual assault, and the intervening conditions that influence the occurrence of this. It was also through the interpretive, qualitative research paradigm of enquiry that the researcher was able to observe the actions and behaviours that were manifested by the women during the six-month period of the study and to interpret those as well as what women described that resulted in discovery and development of a theory of women's journey of recovery from sexual assault trauma.

2.1.2. The feminist approach in research

There are different and various frameworks within the feminist research approach. These feminist frameworks include woman of colour feminists, white or Western women feminists, male-oriented feminists, black feminists, poststructuralist feminists, liberal feminists and others. These different types of feminists are usually self-defined, depending on the group membership and what each group does or believes in within the broad feminism band (Liss, Heffner & Crawford, 2000: 279; Twenge & Zucker, 1999: 591). For example, the poststructuralist feminists claim to be responsible for raising awareness on issues of discrepancies and inequities in women's health care. They also seek

to expose social and political structures that prevent women from receiving appropriate assessments and comprehensive treatment (Arslanian-Engoren, 2002: 521).

The researcher holds the following broad feminist research principles and beliefs (these principles are described by many authors, including Ulin et al. (2003: 22), Arslanian-Engoren (2002: 521), Creswell (1997: 83) and Harding (1987: 1)):

- (i) As a feminist, the researcher believes that women's experiences are legitimate sources for research. Because of this, she stands in opposition against research that silences or ignores the voices of women as the oppressed and vulnerable groups - even on matters that concern women such as research on the delivery of health care services for women.
- (ii) As a feminist, the researcher is committed to research that focuses on gender equity and increasing equality between women and men.
- (iii) As a feminist, the researcher further believes that the goal of feminist research should be to provide women with an explanation of social phenomena that women want and need to know about for themselves, rather than research that is done to answer questions for others such as the welfare departments or manufacturers of certain products. In other words, research should be beneficial to the women who participate in it equally or more than to the others mentioned above.
- (iv) The researcher as a feminist believes that people's interpretation of their experiences are a valid and essential focus of research. This is in line with the naturalistic, interpretive research paradigm, as mentioned above

Other feminist research principles that shaped data collection procedures in the current study were the research procedures commonly used in feminist research. These research procedures include interactive and dialogic data collection methods that facilitate the researcher's self-disclosure to the participants of her role and status as a professional and a researcher.

Feminist research procedures promote collaboration and partnership between the researcher and the research participants. They also promote reciprocally educative encounters between them (Creswell, 1997: 83).

The feminist research data collection principles were applied through all data collection sessions. Through these, collaborative partnerships and mutual benefits were developed and maintained between the researcher and individual participants throughout the study. This was done using a strategy known as reciprocity. Reciprocity is defined as an exchange of information between the researcher and the participants for mutual benefit (Carolan, 2003: 7). For reciprocity to be mutually beneficial, the researcher provided the participants with relevant knowledge regarding different issues, such as HIV infection through sexual assault and HIV prevention and treatment, found to be the source of fear for most participants. On the other hand, the participants answered the research questions and shared their experiences with the researcher.

Feminist researchers also believe in negotiating the meanings of results with participants in the study (Creswell, 1997: 83). This principle informed the decision to have the findings, the storyline and the theoretical schema of the findings validated by the participants through the process of member checking at the end of theory development. Member checking refers to the process of giving the participants the researcher's interpretation of the findings for their reaction to this interpretation of their data (Holloway & Wheeler, 2002: 257).

The focus of the current study was the women's experience of the phenomenon of recovery following sexual assault trauma. The purpose was to develop the theory of recovery from sexual assault trauma which is grounded on the voices of women who had been sexually assaulted. This would in turn ensure that the voices of those women influenced the future development of the management of sexual assault intervention strategies and programmes. The purpose of the study and the methodology of choice were shaped and influenced by the principles of the feminist research perspectives.

The current study is a contribution to the feminist research on black women's experiences of recovery within the South African context. It is an attempt to rectify the invisibility of black women in research and knowledge development. It is also an attempt to rectify the distorted and inaccurate interpretation of black women's experiences in ways which are relevant to the dominant group's thinking.

2.2. Epistemological perspectives

Epistemology is defined as a theory of knowledge which is concerned with the ways in which the world is known by the human beings. Epistemology addresses the questions about who should be regarded as legitimate agents of knowledge or 'knowers', what or whose beliefs must pass certain tests in order to gain the status of being legitimate knowledge, and what kinds of truths count as legitimate knowledge (Holloway & Wheeler, 2002: 285; Harding, 1987: 1).

In order to affirm women's status in knowledge construction, the earlier feminist scholars challenged the marginalisation of women in knowledge construction. They posed similar epistemological questions about the status of women as agents of knowledge, the nature of knowledge which gains the status of recognition as legitimate knowledge, the type of truth that counts as legitimate knowledge, and why women and their subjective truths were not recognised as legitimate agents of knowledge. They also asked why women's experiences were not used in the process of knowledge construction about women's lives, and why women's voices were not counted as legitimate knowledge (Anderson, 2007:7).

The earlier feminist scholars confronted the role of the masculine epistemological strategies of their times. Those strategies were seen to be enforcing the exclusion of women from knowledge construction. The feminist scholars challenged those strategies and proposed new ways of looking at knowledge development regarding women's issue, including those mentioned

elsewhere in this chapter as the principles and beliefs of feminist researchers. Those principles formed the core components of assumptions of the feminist epistemological approach to knowledge development (Harding, 1987:1).

The knowledge development in the current study was influenced partly by the abovementioned feminists' epistemological assumptions and mainly by the post-colonial, black feminist epistemological approach to knowledge development. In recognition of the role played by apartheid in further exclusion of black feminist scholarly work and the emergence of black feminists as agents of knowledge construction in the post-apartheid period, within the South African context, I have since coined the term 'post-apartheid black feminist perspectives' in the place of 'post-colonial black feminist perspectives'. These are discussed separately below. However, in other chapters they are used interchangeably.

2.2.1. Post-colonial black feminist epistemological perspectives

Post-colonial black feminism has its origins from the African-American scholars who started questioning the status of African-American scholars in the construction of knowledge about black women in the United States of America (USA) after colonialism. Post-colonialism is extended beyond the chronological period when colonialism was stopped. It is extended to the historical period long after colonialism during which blacks and women in particular were excluded from all knowledge production processes and research. In epistemological terms, post-colonialism is defined as a period of redefining those who are the legitimate agents of knowledge about black women and their experiences in relation to present and past effects of colonialism in the USA and all over the world. In post-colonialism the knowledge agents are defined as those persons who experienced subjugation, domination and displacement and exclusion from knowledge production about their own experiences (Anderson, 2002: 7; Gender Forum, 2002; Collins, 1990: 221).

According to post-colonial black feminist epistemology, the prerequisite for recognition as a legitimate agent of knowledge production about black women is living as a black woman and sharing the black woman's historical and cultural conditions (Collins, 1990: 221). In other words, only a black woman researcher is in a position to construct historically and culturally accurate and sensitive knowledge about black women's experiences. One would have to know and understand people's culture in order to accurately interpret their ways of doing things, their interactions and their social behaviours. Such interpretations can then be used in knowledge production that is culturally sensitive and accurate.

The criteria for legitimacy of the knowledge produced by post-colonial black feminists are various. Firstly, the findings of research about black women's experiences should be validated by ordinary black women and not by only black scholars. Secondly, the post-colonial black feminist scholars should be seen as personal advocates of their knowledge production. Thirdly, the post-colonial black scholars should disseminate their findings and discuss them with ordinary, everyday people. Fourthly, the produced knowledge should be acceptable to other post-colonial black feminist scholars. The post-colonial black feminists should be prepared to confront and challenge the Eurocentric, masculine epistemology requirements for producing research (Anderson, 2002: 7).

2.2.2. Post-apartheid black feminist epistemological perspectives

Post-apartheid black feminist epistemology is the term that I invented in order to acknowledge the similarities and differences in the post-colonial period and the post-apartheid period in terms of the marginalisation of women in knowledge production. When black women from the USA and elsewhere received recognition and legitimate status in knowledge production in the post-colonial era, this was not the case for the black women in South Africa.

The black South African woman continued to be marginalised and oppressed under the apartheid system long after her sisters from the North experienced liberation to produce knowledge about themselves.

South Africa was under the apartheid system from 1948 after hundreds of years of colonialism. The apartheid system was only abolished in the early 1990s. 'Apartheid' is an Afrikaans language word for 'separateness'. It was a system of racist practice that created racial inequalities under a strict legally enforced racial system. Races were divided socially, economically and politically. The races viewed as 'inferior', particularly blacks, were given inferior education, known as Bantu education (Gass, 2004). With that type of education and the racist barriers it was difficult for even the most intelligent African man or woman to engage in any research and knowledge construction.

During both periods, i.e. colonialism and apartheid, black women could not partake in knowledge construction about their own experiences due to various obstacles. Firstly, the inferior education system offered to them by the apartheid system prevented black women from pursuing academic and scholarly work. Secondly, there was a common African culture that promoted educating boys rather than girls.

Thirdly, those few black women who managed to get education and were enlightened both educationally and politically became actively involved in politics rather than women's issues per se. Political issues such as the struggle against the oppression of the apartheid system were more important for the whole country and took priority against women's issues (Hassim, 1991: 95).

Fourthly, the white feminists began to engage in research and knowledge production activities, which indirectly further marginalised black women. The white feminists began to speak on behalf of black women and to write about black women's experiences from their own (white) perspectives. Lack of cultural insight and little or no understanding of some basic black women's

social behaviours resulted in failure of the white feminists to appreciate or interpret the black women's issues truthfully or accurately. The inaccurate interpretations resulted in the production of inaccurate and therefore illegitimate knowledge about black women. By definition and criteria set out by the post-colonial black feminists, the white feminists were not and are still not the legitimate agents of knowledge production about black women's experiences (Hassim, 1991: 95).

The few black women who managed to be admitted for education at universities were further prevented from becoming agents of knowledge development about black women's issues. These black women scholars were forced to comply with the prescribed Eurocentric, masculine epistemologies and research methods, which promoted positivist knowledge at the expense of transformational knowledge development. The black women scholars were also forced to replace their individual and cultural ways of knowing with Western specialised thoughts (Collins, 1990: 221).

It is a decade since apartheid was abolished and about hundred year after colonialism, but the emerging black feminist scholars in South Africa are still confronted with the realities of marginalisation in knowledge production. These realities include the Eurocentric epistemological obstacles that were identified by the post-colonial black feminists of the twentieth century in the USA, as described by Collins (1990: 221). They also include misrepresented information or knowledge about black women's experiences.

For instance, the black women's culture of resistance, shown by staying in abusive or unstable intimate relationships, is judged and regarded as not ideal by Western women feminists. That culture of resistance is interpreted by Western women feminists as passivity. The Western women feminists fail to see or interpret that 'passivity' as what it actually is (i.e. women's resistance). White women feminists have no understanding of the influence of the historical oppression of the apartheid system on blacks as a nation and black women in particular, and their resistance and resilience strategies. As such, it is much easier for a white woman feminist - based on her own limited or no

experience with oppression by the apartheid system - to judge a black woman who stays in abusive relationships as passive rather than resistant.

When a judgement like that - which is made without cultural and historical insight - is used in knowledge development about black women, it results in untruthful and therefore illegitimate knowledge production, by illegitimate agents of knowledge.

In inventing the post-apartheid black feminist epistemology, I posed the same epistemological questions about knowledge production, legitimacy of the agents of knowledge production, and what should be regarded as legitimate knowledge about black women in the post-apartheid period. In the post-apartheid era, I therefore proposed the acknowledgement of black women as the legitimate agents of knowledge production about black women and their experiences. These include ordinary black women and black women scholars and researchers. I further proposed the acknowledgement and recognition of the experiences of black women as legitimate knowledge, because that knowledge is based on black women's cultural ways of knowing. I further proposed that only knowledge that has been validated by ordinary black women as a true reflection or interpretation of their experiences should be regarded as legitimate knowledge about black women's experiences. As a black woman and nurse scholar and researcher in South Africa, I therefore declared myself a post-apartheid black feminist with a strong alignment to post-colonial black feminism.

The post-apartheid black feminist scholarly practice is historically and politically specific and different from generic or ordinary feminism embraced by most white women. The black women's experiences during the apartheid system were never the same as those of their white counterparts. While as women, they may have shared the similar biological women's experiences, the social and cultural experiences were never the same. The white woman was always superior and the black woman inferior and serving under the white woman in one way or another. As a result of the differences in their social and

cultural experiences, they could never interpret their observations and experiences of each other accurately.

The privileged white feminists had unlimited access to information, which allowed them opportunities to research and construct information about themselves as well as about black women, while the black women scholars were denied such access by either their inferior education or other obstacles. The type of knowledge produced by such research cannot be recognised as legitimate knowledge about black women's experiences because of potential inaccuracies in interpretations that are not informed by cultural and historic context.

In post-apartheid feminism it is acknowledged that black women scholars cannot construct accurate and legitimate knowledge about white women's experiences and that white women scholars cannot do the same about black women's experiences. It is proposed that the best that the black and white women post-apartheid feminists can do is to conduct research collaboratively and in mutual partnerships. In that way, both black and white feminist scholars can be recognised as legitimate agents of knowledge production. The knowledge produced in such collaborative and mutual partnerships should be exposed to the scrutiny of other scholars and should meet all the criteria described above.

Post-apartheid black feminism is proposed as a new theory and methodology for nursing scholarship in South Africa. This is a similar proposal to that made by Anderson in 2002. She proposed the post-colonial black feminism as a new theory and methodology for nursing scholarship in the USA (Anderson, 2002: 7).

As a theory and a methodology, post-apartheid black feminism would ensure that the majority of nurses, who are mostly black women, become legitimate agents of knowledge construction about nursing theories that affect or influence day-to-day nursing practice and patient care within the South

CHAPTER 3 ASPECTS OF LITERATURE REVIEW

Introduction

There are several aspects of literature review that need to be addressed in doctoral dissertations like this one. These include the general views and debates regarding the use of literature review in qualitative research generally and grounded theory methodology specifically, the functions and purposes of literature review, and thorough and extensive review of literature directly or indirectly related to the problem being studied (Polit & Hungler, 1991: 91).

This chapter discusses the broad understanding of literature review among the research community. It then addresses the general views and debates regarding the use of literature review among qualitative researchers and grounded theory researchers.

The functions of literature review and how they were applied in this study are also discussed. The chapter concludes with the report of literature which was reviewed and found relevant and related to the research problem of the current study.

3.1. What is literature review?

Polit and Hungler identified two ways in which literature review is viewed by the research community. These include the activities which are involved in identifying and searching for information on the research topic in order to develop a picture of the status of knowledge on that topic. These represent the strategies used in conducting literature review.

Literature review can also be viewed as the report or a critical summary of the work or research that has already been conducted on a research problem. It demonstrates the amount and level of knowledge that exists in the area of study. This critical summary is usually presented in research reports, either on

their own or as an integral part of the introduction (Holloway & Wheeler, 2002: 35, 270; Polit & Hungler, 1991: 91).

The technical literature and non-technical literature are two terms found in grounded theory literature. They refer to different literature reviewed prior to or during data collection in grounded theory studies.

Technical literature is defined as reports of previously conducted research studies and theoretical and philosophical papers which are characteristic of the professional and disciplinary writings. It provides the researcher with a theoretical background against which to compare findings from actual data gathered during the grounded theory study (Strauss & Corbin, 1998: 35; Strauss & Corbin, 1990: 48).

Non-technical literature represents all material that can be used as primary data or to supplement interviews in grounded theory studies and to stimulate thinking about properties and dimensions of concepts of the emerging data. These include biographies, diaries, documents and other records and reports (Strauss & Corbin, 1998: 35; Strauss & Corbin, 1990: 48).

3.1.1. Strategies used in conducting literature review

Conn, Isaramalai, Rath, Jantarakupt, Wadhawan & Dash (2003: 177) identified several comprehensive strategies for conducting a literature review search. These include computerised databases such as Medline, PubMed and CINHALL searches for abstracts of relevant and eligible studies; Internet searches on websites on the study topic - completed and ongoing research; ancestry searches, which are a review of citations identified through reviewed articles and contact with the invisible college or by accessing the published and non-published literature to which the researcher is directed by the expert researchers in the field of study. Most of the local unpublished literature that is referred to in this report was identified through the invisible college.

In conducting the literature review prior to the current study, the researcher used the following key words: sexual assault/rape and recovery; sexual assault survivor and recovery; sexual assault; recovery. Inclusion criteria were articles or abstracts on research on recovery for raped women. Men and child sexual assault victims or survivors were excluded due to the uniqueness of their responses to sexual victimisation. Only articles and abstracts written in the English language and published between 1970 and 2005 were considered for review. Both quantitative and qualitative research reports with direct significance to women's recovery from sexual assault were selected for review and critique.

3.1.2. General views and debates on literature review in qualitative studies

There are different views regarding the place and value of conducting literature reviews in grounded theory research in particular and qualitative research in general. The opponents of the use of literature review in qualitative study, such as Fernández (2004: 94), even go to the extent of saying that having a chapter of literature review in qualitative research is methodologically unsound and distracts from the true role of literature review.

Glaser, who is considered to be the father of grounded theory, is of the opinion that literature review should not be conducted prior to data collection. He believes that this safeguards the researcher from being influenced by the literature reviewed. Any possible influences can lead to restriction in the discovery of a grounded theory (Glaser 1978: 67). He recommends that literature be reviewed only towards the completion of data analysis, during sorting of theoretical themes and writing up.

This is a narrow view or understanding of what literature review is all about. It views literature review as only that which is related to research that has been conducted on the research topic. Even if this was the case, it would still mean a limited understanding of all the functions of literature review in general. The functions of literature review are discussed below in order to highlight its

importance and to defy the views of Glaser (1978) and Fernández (2004) on the matter of the use of literature review in grounded theory and qualitative research in general.

Opponents of the use of literature review in qualitative research do not indicate what will inform the researcher's selection of the research topic without reinventing the wheel or duplication of studies that have already been done on the topic. Their concern is how literature review will "*contaminate*" the researcher's thoughts around the area to be researched [my emphasis] or direct their research and thus invalidate the qualitative research study (Holloway & Wheeler, 2002: 30).

Such views mean that qualitative researchers enter the research field without prior knowledge on the field that they want to study. It is an established assumption that a researcher's mind is not a *tabula rasa*, especially at the master's and doctoral level, where most researchers begin their research careers. At this level they may have already come across a lot of literature on the area of their research interest, directly or indirectly. That is also considered as literature review.

Glaser's proposal that researchers should not conduct literature review is in contrast to the theoretical sensitivity that is required of the grounded theory researcher. Theoretical sensitivity is a skill that can be learnt or built up over a period of time from various sources such as previous reading of the material that is relevant to the pertaining phenomena. It is an ability to differentiate between the significant and non-significant data and having insight into their meanings (Holloway & Wheeler, 2002: 156; Strauss & Corbin, 1990: 41). Without any prior literature review, full theoretical sensitivity cannot be achieved.

Strauss and Corbin (1998: 49) have a different view from that of Glaser and Fernández. They propose that while there is no need to review all the literature in the field, researchers should make use of the technical literature and non-technical literature prior to conducting the study. Over and above the

3.2.1. Literature review as a source for research ideas

Literature review can be conducted prior to the research in order to familiarise one with theoretical and practical issues or ideas that relate to the area of her or his research interest. This leads to the generation of the research problem or focusing of the research area into a researchable question. Literature reviewed at this stage can also lead to the identification of unresolved research problems and thus lead to the researcher formulating an appropriate research question (Polit & Hungler, 1991: 87).

The limited number of research conducted in the identified research area in this country helped me in identifying and focusing the research area from the initial broad area of study (women's response to sexual assault) to a specific research area – that of women's experiences of recovery following incidents of rape.

3.2.2. Literature review as orientation to that which is already known

Orientation to what is already known in relation to the problem of interest is gained by reading the findings of research that has been conducted before in order to avoid unnecessary duplication of effort or reinventing the wheel by replicating studies already done due to ignorance about them.

The previous findings can help the researcher to describe how his or her research topic and design fit within the existing body of knowledge. They can also be used to make a case for the importance of the research problem, especially during the proposal writing stage (Ulin et al., 2002: 177, Polit & Hungler, 1991: 88).

In some cases the previous research findings can lead to identification of research areas which need replication due to certain experienced limitations. These could be due to a smaller sample and therefore inability to generalise, or a different context to that of the new researcher or participants. For

instance, literature review conducted prior to the current study revealed a number of internationally conducted studies on women's experiences following sexual assault. There was no literature found nationally or within the African context. This indicated a need for the researcher to adopt the methodology that will contextualise the current study to the South African context. This was done through adopting the post-colonial black feminist approach to the research. This approach has been extended by the researcher and renamed the post-apartheid black feminist perspective.

The theoretical literature review that was conducted prior to the study also revealed that earlier studies on recovery from sexual assault originated from the clinical observations made by the clinicians who were working with raped victims and survivors. The most significant contribution of the studies of the 1970s was that of the two researcher pioneers, Burgess and Holmstrom, who also described the rape trauma syndrome. Their research was conducted on the rape victims and survivors who presented to the Boston City Hospital Emergency Department for crisis intervention following sexual assault. Their progress from their initial study on the coping strategies is attested to in the book *Rape Crisis and Recovery*, which shows progression from their humble beginnings in research on recovery from sexual assault.

The findings from Burgess and Holmstrom's research and that of others found during the initial literature review were useful in identifying gaps in the scientific knowledge. That also led to the formulation of the research problem for the current study.

Another important function of literature review as a orientation to what is already known is that the previous research leads to the identification of truths or assumptions about certain aspects of the phenomena or participants being studied. An assumption is a statement whose truth is considered self-evident or has been satisfactorily established by earlier research (Polit & Hungler, 1991: 88).

Certain assumptions were discovered during the initial literature review about recovery from sexual assault. These were used to strategically determine the data collection phases and the duration of data collection.

One such assumption is that women who have been sexually assaulted are individuals and as such respond differently to sexual assault and at different times, ranging from three months to over a year (Burgess & Holmstrom, 1978). For instance, clinical researchers such as Burgess and Holmstrom (1978) reported that some survivors were able to withstand the after-effects of sexual assault or returned to social integration within the first three to six months following the traumatic rape experience, while only 17-25% of rape survivors were reported to be symptom-free after a year following the rape without any medical management. Other resources revealed that at least 70% of survivors did not develop PTSD following sexual assault (Kilpatrick, Resick & Veronen, 1992). Astury (2001: 1-3) also attested to the women's ability to regain a sense of meaning, purpose and pleasure in their lives following rape. Sales, Baum and Shore (1984: 117) reported an uneven course of recovery, with the acute phase subsiding within the six-month period, only to be exacerbated later.

3.2.3. Literature review in providing a conceptual framework

A conceptual framework which provides the researcher with the perspective that is necessary for conducting research and interpreting the research results is important even in qualitative research. Through conducting literature review prior to the research, a researcher can identify the conceptual context in which his or her research question belongs (Polit & Hungler, 1991: 88).

Literature review can also indicate how one's research question and research perspective are linked to other research. If one's study is linked to other research, it is more likely to make a contribution towards the existing body of knowledge, possibly helping to put together the missing link in the chain of scientific knowledge so far developed.

In conducting literature review prior to the current study, it was discovered that studies from the 1990s to date were characterised by the use of the generic feminist approach in using the women's perceptions of the factors that influenced their own recovery. The influence of the socio-ecological framework as a conceptual framework for understanding violence against women and women's reactions to violence against women was found to be prevalent among the studies from the 1990s to date.

Another finding from literature review on the conceptual frameworks used in gender-based violence research was identification of three distinct research paradigms used successfully in gender-based violence research. These are: (a) predictive studies which seek to predict outcomes and are characterised by the use of statistics and focus on generalisability of the findings; (b) naturalistic and constructivist paradigms which rely on qualitative data collection and analysis for an in-depth understanding of the phenomenon being studied; and (c) the emancipatory paradigm which includes critical theory, participatory action research and feminist research paradigms. The emancipatory paradigm allows for both qualitative and quantitative data collection.

The identified paradigms are further endorsed as those employed in the research on abused women by Campbell and Dienemann, (2001) in Renzetti, Eddleson, and Bergen (2001:54). Yassen and Glass (1984:252) also attest to the use of some of these paradigms for sexual assault survivors' groups in their article 'Sexual assault survivors' groups: a feminist practice perspective' published in 1984 in the national Associations of Social Workers periodical.

This discovery assisted me in the selection of the naturalistic and interpretive paradigm of grounded theory as the best method to conduct the current research. It also assisted me in the development of the post-apartheid black feminist epistemological perspective within the broad umbrella of post-colonial black feminism.

3.2.4. Literature review for information on research approach

Conducting literature review prior to the study can also reveal the most appropriate ways for conducting research on a specific topic - research methodology, data collection strategies, specific procedures, data collection instruments, special ethical considerations, etc.

The different aspects of research methodology for the current study were discovered during the initial literature review conducted prior to and during the research process. For instance, literature review on different research methods assisted the researcher in identifying the grounded theory as the best methodology for conducting the current study. This was based on the identified research topic, the phenomena to be studied and the purposes of the study.

Some specific ethical considerations and prescriptions to be considered when conducting research on abused women were identified during the initial literature review. These include payment for the time that women spend with the researcher, safety measures for both the researcher and the participants, and many others which are discussed under in chapter 4 under the section on pilot study process (WHO, 2001; Sullivan & Cain, 2004; Cottingham & Jansen, 2005).

Further literature reviewed prior to conducting the study led to identification of the pilot study as a necessity before conducting a major research project. This was a shocking discovery which was initially resented, because it seemed as if it was going to delay the whole research process. If the warning to conduct a pilot study was not discovered in the literature review prior to conducting the research, certain important research procedures would not have been carried out accurately. This could have had regrettable consequences for the researcher.

3.2.5. Other functions of literature review

Literature review was conducted for theoretical sensitivity during data analysis, and also used as the theoretical background to reflective journals completed throughout the research process. From the initial conceptualisation of recovery from sexual assault as my area of research interest to the proposal writing stage, I embarked on reflective journaling of my thoughts, beliefs and basic nursing background to assist me in formulating the research question. The process of writing such journals forced me to review literature in order to clarify some of my reflections. Such literature review included consulting dictionaries, books, the internet and previous research reports.

Conducting literature review prior to the research also helped the researcher in making a case for the importance of the research problem during the proposal writing stage. Literature reviewed at this stage was used to demonstrate the magnitude of rape as a public health problem, and its impact on the survivors, their families and communities. It was also used to demonstrate the significance of the current study in knowledge development in nursing research and practice, as well as to the practices of all service providers who deal with raped women on a daily basis (Ulin *et al.*, 2002: 36).

According to Barbour (2001: 1115), in practice no research funding can be obtained without thorough literature review. The same also applies to the submission of the proposal and research protocol to the University Research Ethics Committee and the University Doctoral Board. They all had to be convinced of the relevance and feasibility of the study through thorough literature review. The research proposal for the current study was accepted and approved at its first submission because it met all the academic requirements of a research proposal - including extensive and thorough literature review and literature-supported arguments for the significance of the study.

3.3. Reports on literature review conducted prior to the study

The research reports and journal articles identified through the literature review strategies discussed under 3.1.1. below were reviewed and analysed accordingly. For analysis and critique purposes, literature was classified into research reports covering the following categories:

- Prediction of recovery
- Individuals' factors that influence recovery
- Social and community factors that enhance recovery
- South African studies.

International literature review yielded a huge number of research reports on recovery from sexual assault, but few studies were found from the African continent and South Africa in particular. Only studies that specifically addressed women's recovery and factors that influenced recovery were reviewed for this part of the report.

3.3.1. Findings

Literature review results revealed that earlier studies on recovery from sexual assault originated from the clinical observations made by the clinicians who were working with raped victims and survivors. The most significance contribution of the 1970s is that of the two researcher pioneers, Burgess and Holmstrom, who also discovered the rape trauma syndrome.

Studies of the 1980s questioned the findings of the earlier research with regard to recovery. They reported mostly on the prevalence and the health impact or consequences of sexual assault. These were found to have an indirect significance on recovery from sexual assault and were therefore excluded.

Studies from the 1990s to date are characterised by the use of the feminist approach in using the women's perceptions of the factors that influenced their own recovery, and the influence of the socio-ecological framework for

understanding violence against women and women's reaction to violence against women, first introduced by Heise in 1998. According to the World Health Organisation (2002: 12) and Chalk and King (1998: 275), the socio-ecological framework included the individual, micro-system level or relationship factors, the exosystem or community factors, and societal level factors.

Findings revealed a limited number of South African research reports on recovery and factors that influence recovery following sexual assault. Most South African research reports on sexual assault were on the legal or justice system outcomes. A gradual increase in research reports on domestic violence and health service provision for sexually assaulted or abused women was noted since the 1990s. There is little or no research on health outcomes such as women's recovery from sexual assault. This implies that there is no understanding about how raped women regain themselves or the journey they take towards recovery from the traumatic experience of rape within the South African context.

Overall, the findings revealed how the research trends are influenced by the health professionals' understanding of health. Both researchers and health professionals were influenced by an individualistic and not holistic approach. Patients were viewed as individuals without considering the influence of family and community in their health and well-being. The latest and current views of health, such as the multiple dimensions of health and the psychosocial model of health, were found to be the main influence of studies from the 1990s to date.

3.3.1.1. Prediction of recovery research reports

In one of their initial studies, the 'Coping Behaviour of the Rape Victim', conducted in 1974, Burgess and Holmstrom conducted a series of interviews with all women who presented to the hospital with a history of sexual assault. These covered how they felt and reacted to being threatened, during and immediately following the rape attack. Later on they then sampled 92 women

between the ages of 17 and 73 years who were diagnosed with the rape trauma syndrome for follow-up interviews to investigate and analyse their coping behaviours immediately before the attack, during the attack and immediately after the attack (Burgess & Holmstrom, 1976: 413).

The victims reported having used the following coping behaviours prior to the attack: cognitive strategies (N = 18), verbal tactics such as shouting (N = 57), physical action (N = 21), physical paralysis (N = 22) and psychological paralysis (N = 12). Other victims reported having used multiple coping strategies or no strategy at all due to physical and or psychological paralysis.

During the rape attack, the findings were reported to be the survival of the rape ordeal despite all the perpetrator's demands such as oral sex, vaginal and anal penetration, and being forced to talk to the rapist. The most reported coping strategies used during the attack were focusing or directing attention to some specific thoughts or cognitive strategies (N = 28); crying and anger or affective response (N = 25); screaming and talking or verbal tactics (N = 23); dissociating from feelings, denying that it is happening or psychological defence (N = 17); and fleeing or fighting or physical action (N = 9). At least one person reported no strategy while another 8 did not respond.

Reported coping tasks after the attack were alerting others, bargaining for freedom and freeing oneself from the situation. No further analysis was conducted on the use of the coping strategies and their outcomes or influence on recovery.

The findings of this study were later supported in by Gilbert and Cunningham (1986: 71) in their review of various studies on prediction of individual response to sexual assault and recovery. They concluded that there is no reported predictive value found in factors or circumstances of the victim prior to rape and the development of sexual problems later in the survivor's life. A successful predictive study of coping strategies and recovery was by Frazier et al. (2004: 19). They reported perceived control over the recovery process as a coping strategy associated with positive changes following sexual assault.

Burgess and Holmstrom's study of the coping behaviours of rape victims was one of the earliest exploratory studies on the coping strategies or behaviours of rape victims and survivors. As a predictive study, it was unsuccessful in predicting the influence of the coping strategies of rape victims on recovery or health outcomes following rape. According to Gilbert and Cunningham (1986: 71), this is not uncommon in predictive studies which attempt to identify the relationship of characteristics of sexual assault survivors to their recovery or development of health problems. However, the study raised the following two challenging research questions: "What coping strategies result in less psychological trauma after rape?" and "What additional therapeutic techniques are needed to aid the rape victim?". These questions are still as important today as they were three decades ago.

Burgess and Holmstrom used a sample of the 92 respondents who had already been diagnosed with rape trauma syndrome. The influence of such a sample is that it affects the generalisability of the findings to other women who do not develop the rape trauma syndrome.

3.3.1.2. Factors that influence recovery

In 1979, Burgess and Holmstrom conducted a longitudinal follow-up study of 81 rape victims to analyse the effect of adaptive or maladaptive responses to rape on recovery over a period of 4-6 years (Burgess & Holmstrom, 1979: 1278). The dependent variable in their analysis was the time reported by the victim as having elapsed before she felt recovered or as she had felt before the rape.

The major highlight of their report was that 74% of the respondents had recovered and only 26% had not yet recovered 4-6 years following rape. According to the report, one rape survivor who was in the original sample committed suicide and two others died from alcoholism-related medical complications. Further analysis indicated that 17% of the women who reported having recovered within the study period started and completed formal or informal educational programmes following rape.

Those who were in stable partnerships had a faster recovery than those who were not. Sexual functioning of the majority of survivors (78%) was affected within the first 6 months following rape. The reported changes were abstinence (38%), decreased sexual activity (33%), and increased sexual activity (10%), with only 19% reporting no change in sexual activity. Other sexual symptoms reported included sexual aversion, flashbacks of the rape incident during sexual intercourse with partner, vaginismus, and orgasmic dysfunction. A review by Gilbert and Cullingham (1986: 71) also reported at least two other studies on rates and types of sexual dysfunction among rape survivors, with avoidance of sexual intercourse as the most common sexual dysfunction reported after rape.

The adaptive strategies used by those who recovered fastest included positive self-assessment, defence mechanisms of explanation, minimisation, suppression, dramatisation and increased action.

The major breakthrough of Burgess and Holmstrom's study was that it highlighted the occurrence of recovery following rape and the different timelines it took for different individuals. Those timelines have implications for health professionals dealing with survivors of sexual assault, in order to determine when to strengthen management strategies and when to discharge survivors from long-term sexual assault management programmes.

However, the study analysed and reported on the individual factors that enhance recovery only. Other factors within the socio-ecological framework for understanding violence against women and women's reaction to and recovery from violence were either not investigated or not analysed. According to the World Health Organisation (2002: 12) and Chalk and King (1998: 275), the socio-ecological framework includes the individual, micro-system level or relationship factors, the exosystem or community factors, and societal level factors. Rebecca Campbell is one of the campaigners for the use of the socio-ecological model in understanding factors that enhance recovery or health outcomes for survivors of sexual assault. Together with other researchers, she has embarked on different studies of rape survivors

and their experiences of different environmental factors that influence recovery (Campbell, 2003).

Two chapters of the book *Rape Crisis and Recovery* by Burgess and Holstrom are dedicated to the report of the longitudinal follow-up study in which they investigate the factors that aided and or delayed recovery (Burgess & Holstrom, 1979: 413-435). The data collection method included the initial interview or open and flexible standard schedule of questions. Follow-up interviews included the repeating of initial interview questions, which also informed other questions for subsequent interviews. The dependent variable for this study was time required for the victim to feel recovered. This was developed by looking at two questions asked during long-term follow-up: (1) Do you feel back to normal, i.e. the way you felt prior to the rape? If yes, when did this occur? If not, in what ways are you not normal?; (2) Has the rape interfered with your life and if so, in what areas? The authors considered the concept 'normal' as any subjective data on what the survivors considered as normal.

This approach is in line with the grounded theory approach, although the authors did not describe it as such. In grounded theory, data are initially collected from interviews, observations and/or documents. Cues for further data collection are taken from the emerging data analysed. Further questions are developed for further data collection phases. Data collection becomes more focused, with subsequent follow-up interviews as the research process develops (Holloway & Wheeler; 2002: 155).

Having family grief or stressors in one's life at least 2 years prior to rape, evidence of positive self-esteem, ability to use one or more of the conscious defence mechanisms of explanation, minimisation, suppression, dramatisation, and action-oriented behaviour (such as moving to another area and changing residence and even reading on the subject of rape) were reported to be factors that had aided recovery for most of the sexual assault survivors.

History of previous victimisation, such as having been raped at least two years prior to the current rape, being mugged, or sexual harassment, and subsequent victimisation, such as direct or indirect contact with the perpetrator (e.g. receiving harassing telephone calls), and witnessing other unrelated criminal acts and rape of a family member were reported as factors which delayed recovery. General factors which delayed recovery were reported to include the victim's point in the life cycle, the presence of chronic life stressors and prior biological, psychological and social problems, lack of social support, negative self-esteem, social withdrawal, use of alcohol and drugs, acting on suicidal thoughts, and the style and type of attack. For instance, victims who were raped in their own homes or in their own bedrooms and woken up by the perpetrator took longer to recover than victims who were raped away from home.

One of the major strengths of their study (Burgess and Holmstrom, 1979) was the longitudinal and follow-up approach adopted. Another very positive aspect of that study was the narrative form of using the women's voices in reporting the findings. Narrative reporting is fully accepted in qualitative studies, and is one of the basic tenets of the rhetorical assumptions in qualitative enquiries (Creswell, 1997: 77). Feminist theorists advocate the use of women's voices in the production of knowledge about women's issues (Anderson, 2002: 7; Creswell, 1997: 83).

The last study report of Burgess and Holmstrom (1979) indicated a great improvement from Burgess and Holstrom's two earlier studies. However, it did not include discussion of each case and the context or their circumstances. Such information is necessary, especially in a study which includes vulnerable groups such as poor, illiterate and disabled women, for determining their representation in the study. The women's voices are also very important in knowledge production - and yet they are often hidden or neglected in most studies.

The findings of Burgess and Holstrom's study are applicable today, but current health and social problems such as the epidemic of HIV infection (and

fear of getting infected by HIV and other STIs during rape) and generally increased gender- based violence call for replication of a study of this nature in order to determine additional factors which may influence recovery.

Reviewed literature of the 1980s was mostly on the prevalence and the health impact or consequences of sexual assault, with very little on recovery following sexual assault. Therefore it was not included in this report.

3.3.1.3. Studies of the 1990s: Factors that influence recovery

Ullman (1996:143) investigated the impact of social reactions experienced by the sexual assault survivor from social support providers on victim adjustment, using a sample of 155 women who completed a mail survey. Being blamed, being discouraged from talking about rape, being treated differently, and being distracted were reported as experienced from the doctors or police, and was associated with a negative impact on recovery. These findings are supported by Campbell, Ahrens, Sefl, Wasco & Barnes (2001: 278), discussed below. Further analysis revealed that emotional support from friends resulted in better recovery outcomes than emotional support from other sources.

3.3.1.4. Studies from 2000 onwards

In 2001 Fillipas and Ullman reported a study in which they investigated social reactions received by 323 sexual assault survivors when they disclosed having been sexually assaulted to formal and informal support structures. Data were analysed both quantitatively and qualitatively. They found that victims who sought help from formal support reported common negative social reactions such as victim blame and stigmatisation. Rape myths, violation of confidentiality by disclosing their story to others, and secondary victimisation were reported to be less common social reactions, but very unhelpful in recovery. Reaction of friends was again found to be important for recovery, while negative reactions from them as well as from other social support sources were reported to be harmful to recovery (Fillipas & Ullman, 2001:673). The report of Frazier et al. (2004: 19) supports these findings by

identifying social support and religious coping as positive life changes happening soon after sexual assault. Increase in positive life changes soon after sexual assault was also found to be related to reported life changes over time.

The use of both quantitative and qualitative data collection and analysis within the same study concretises the findings and provides credibility. This is a strength from the work of Ullman and Filipas (2001:673).

Campbell and her research team conducted research with a sample of 102 rape survivors who were interviewed to determine the social reactions they received from family and friends, and to examine their perceptions on what constituted positive or healing factors and negative or hurtful factors from those reactions following rape (Campbell et al., 2001: 278).

They found that while survivors often agree on the positive and healing social reactions, they did not agree on what constituted negative or hurtful social reactions. Healing factors reported included someone believing the survivor's account of how the rape happened, not being blamed, and being allowed to talk about the rape. The survivors who reported having experienced such reactions also reported fewer emotional and physical health problems in comparison to those who did not experience these reactions at all. Being blamed was reported as a negative factor which hindered recovery by almost all survivors. These findings are supported by those of a South African study by Combrick and Skepu (2003), discussed below.

In another study using the same sample of 102 women as in the above-mentioned study, Campbell and her research team investigated how contact with a variety of community systems exacerbated survivors' psychological and health outcomes. The medical and legal system were reported to be unhelpful to sexual assault survivors, and these services were also associated with exacerbation of negative health outcomes by the majority of participants. Contact with mental health systems, rape crisis centres or religious groups was perceived to be healing (Campbell, Wasco, Ahrens, Sefl & Barnes

(2001:1239). These findings are supported by many South African studies reviewed by Jewkes and Abrahams (2001).

Two major strengths of these studies are the adoption of the feminist approach in using women's perceptions in the development of knowledge about factors that influence recovery, as well as their attempt to investigate factors beyond the individual level factors of the socio-ecological model of understanding violence against women.

3.3.1.5. South African studies

Contact with the "invisible college" (Conn et al., 2003: 177) provided an abundance of local studies. Most of the recent studies are on the state of sexual assault management services and the legal or justice system for rape victims (South African Gender-Based Violence and Health Initiative, 2003; Western Cape Provincial Department, 2003; Sufla, 2001). The review conducted by Jewkes and Abrahams in 2001 on the sexual assault management and legal services for rape victims also attests to this.

The Consortium on Violence Against Women of the University of the Western Cape reported a study conducted to examine the victims' psychological recovery from sexual assault trauma in order to gain a better understanding of a therapeutic jurisprudence model in application for bail in sexual assault cases (Combrick & Skepu, 2003).

While there are many flaws with the research methodology, such as small sample and therefore poor statistical data analysis, data analysis and reporting of the victims' and counsellors' perceptions and experiences, the report highlights secondary victimisation and its negative influence on psychological recovery.

Blaming the victim for getting raped, displaying a lack of interest in investigating the case, advising the victim to drop the case, failure to provide the victim with information about the suspect, and questioning others around

the victim rather than asking her personally, were reported to be very negative - and were associated with negative psychological health outcomes. Other negative factors were fear and anger associated with not being informed about bail application outcomes so as to prepare for being safe when the perpetrator is out on bail.

In spite of the identified research design weaknesses, like most researchers on violence against women and general women's issues, these researchers used the feminist approach and narrative reporting in the construction of knowledge about women's perceptions (both survivors and their counsellors) on the therapeutic jurisprudence model in application for bail in sexual assault cases.

3.3.1.6 Implications for current research

The reviewed literature presented many implications for current research. Most studies highlighted the need to use women's words or voices in the generation of knowledge. While no single research paradigm can be prescribed for research on violence against women, the reviewed articles all pointed to the imperative of selecting research designs and paradigms that do not undermine women. They also highlighted the need for use of research designs which can bring to the fore the whole understanding of sexual assault survivors' perceptions of their experiences of recovery following sexual assault.

These reports were instrumental in the selection of the research methodology and research methods adopted throughout the research process, including the use of many 'voices' during the reporting of the findings and the development of the theory.

Very few of the studies were conducted from the period immediately following sexual assault in order to trace or follow the journey that women undertake immediately after the incident of rape to the end of six months later, as was

done in the current study. So the researchers relied mostly on the participants' memory of how they felt at certain points following the sexual assault.

3.4. Conclusion

The different aspects of conducting literature review prior to conducting the research project were discussed in order to highlight the importance of literature review in qualitative research. Debates on the use of literature review were highlighted in order to provide the reader with the general views and debates ongoing within the qualitative research community.

The researcher's position on the importance of conducting literature review was clarified with examples of how the functions of literature review were applied in the current study. This was done to ensure that the reader has an understanding of where the researcher stands with regard to literature review in qualitative research in general, and in grounded theory in particular.

Only summaries of the main findings of previous research reports were discussed to demonstrate how the current research links to the existing body of knowledge. The literature discussed in this chapter is mostly that which was conducted prior to the current study and during the early phases of data collection and analysis. Further and continuous literature review was conducted throughout the research process until the final stages of theory development and writing up of the theory.

CHAPTER 4 METHODOLOGY

Introduction

The primary purpose of the study was to explore and analyse the journey of recovery which is undertaken by women who have been sexually assaulted within the first six months following the event of sexual assault trauma. The secondary purpose was to develop the theory of recovery that is grounded on the data from the women who have been sexually assaulted obtained within the first six months following the event of sexual assault.

The main research question was: What constitutes the journey of recovery undertaken by women within the first six months following after sexual assault?

Selection and specification of the period immediately from the sexual assault to the end of the first six months following the sexual assault was identified as crucial for investigating the journey of recovery. It seemed an appropriate period of time to map out all experiences as experienced and reported by the woman as they happened, rather than expecting the woman to recall what she might have experienced long before the research took place. It also seemed an appropriate period of time to identify the direction and pace of the journey of recovery from the women's perspective.

4.1. Research design

This was a longitudinal qualitative research study in which the grounded theory methodology was used to investigate women's experiences of the journey of recovery from sexual assault during the first six months following the incident of rape. The grounded theory methodology was employed to discover and develop a grounded theory of recovery from sexual assault trauma. The general guidelines that were used as a methodological

framework for conducting data collection and analysis for the current study were those of Strauss and Corbin's grounded theory (1990, 1998).

4.1.1. Grounded theory methodology

Grounded theory as a research methodology was developed in the 1960s as a reaction to the dominance of quantitative research methods as the only model in social science research which did not allow for an interpretive approach to research. It was formally introduced by Barney Glaser and Anselm Strauss in the early 1960s in response to criticism of qualitative research as an unscientific approach which lacked scientific rigour. However, they later parted ways and each stressed his specific views or principles for grounded theory methodology.

Grounded theory is an approach that is used to build a theory that is faithful and can illuminate the area under study and the application to related disciplines (Strauss & Corbin, 1990: 24). Grounded theory methodology has its theoretical underpinnings in symbolic interactionism.

Symbolic interaction focuses on the meaning of events to people in their natural and everyday settings (Chenitz & Swanson, 1986: 4). The symbolic interaction rests on the premise that human beings learn the definitions and meanings of events and objects through self- and social interaction. The grounded theory approach is characterised by examination of the social phenomenon and interaction as well as a focus on the personal experiences of the participants and basic social processes concerned. It therefore falls within the symbolic interaction.

4.1.2. Main features of grounded theory methodology

The main feature that sets grounded theory methodology apart from other qualitative methods is its ability to move beyond description of events or

situations to conceptualising them into theoretical formulations to explain the reality and provide a framework for action (Strauss & Corbin, 1990: 22).

The grounded theory research methodology is useful when little is known about the phenomenon being studied. It is also useful when there are few or no theories that exist to explain the phenomenon. As a result, in grounded theory, the researcher does not have to start with a theory to be proved, disproved or extended. Instead, the theory is discovered through constant comparisons between incidents and properties of categories. Sometimes the grounded theory is used to extend the theory when newer theoretical explanations are necessary (Fernandez, 2004: 83-94; Babbie & Mouton, 2001: 499; Wilson, 1985: 346).

In grounded theory the research question is flexible and free enough to allow the researcher to explore the issues being researched in depth. The research question is narrowed during the research process, but caution should be taken to ensure that it does not become too narrow so that the possibility of further discovery is blocked.

Analysis of data in grounded theory methodology begins at the start of the research project together with data collection. Data analysis is guided by the process of constant comparative analysis and asking of relevant theoretical questions. Data collection, analysis and theory development occur alongside each other throughout the research process.

In grounded theory methodology, data collection and analysis are influenced by theoretical sampling and not the traditional sampling methods found in other methodologies (Pandit, 1996). In other words, the participants are recruited due to their usefulness to the phenomenon being investigated. Theoretical sampling refers to selection of new cases or new sources of data to examine categories and their relationships during the research process and theory development. Theoretical sampling continues until the point of saturation has been reached. This refers to a point during data collection and

analysis when no new knowledge is revealed (Holloway & Wheeler, 2002: 157).

Another important characteristic of grounded theory methodology is the constant comparative method of data analysis throughout the research process. The researcher begins the constant comparison process by examining the incidents recorded in his or her data for similarities and or differences. The constant comparative method and how it was applied in this study is discussed thoroughly in Chapter 5.

A very important feature of the grounded theory methodology is the resulting product of the research process - that is, the grounded theory that is generated from the data. One of the intended products of the grounded theory is the substantive grounded theory. The substantive theory is defined by Strauss and Corbin (1990: 23) as a theory that is inductively derived from the study of the phenomenon it represents. It is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon.

A grounded theory should meet the four criteria of fit, understanding, generality and control. Fit refers to a question of whether the theory fits the issue being researched. Understanding refers to whether the theory makes sense to all involved in the research, such as all research stakeholders. Generality refers to its applicability to the issue being researched in different contexts, while control refers to the provision of control with regard to action towards the phenomenon (We research it Ltd & Helen Kara, 2002-3). The use of these four criteria for theory evaluation is demonstrated later in this report.

According to Strauss and Corbin (1998: 12), the theory that is derived from data more resembles "reality" and is likely to offer insight and enhance understanding as well as providing a meaningful guide to action. This is a unique situation which cannot be found in theories based on mere speculation.

4.1.3. Methods and procedures in grounded theory

The grounded theory methods utilised in the current study are those of Strauss and Corbin (1990, 1998). Their aim is to provide researchers with standardisation and rigour for theory building as well as with analytical tools during the grounded theory research process. However, they caution that procedures need not be used rigidly in a step-by-step manner; the researcher's flexibility and creativity also play their role (Strauss & Corbin, 1998: 14).

The most common data collection methods in grounded theory are interviews and observations. They are not different from the methods used in other qualitative research data collection, which includes interviews, observations, document and record reviews, etc. In grounded theory, however, these can be further supplemented by literature review since literature is regarded as another source of data for further analysis during the theory development process (Holloway & Wheeler, 2002: 152, 155).

In grounded theory, data analysis is an interplay between the researcher and his or her data. There are specific analytical procedures developed to assist the grounded theorist or analyst in building a grounded theory. These are sometimes called coding procedures. According to Strauss and Corbin (1998: 13), these coding procedures serve the following purposes:

- a) Building rather than testing theories,
- b) Providing researchers with analytical tools for handling raw data,
- c) Helping analysts to consider other alternative meanings of the phenomena,
- d) Assisting the analyst to be systematic and creative at the same time (such creativity is important in naming categories, asking stimulating questions and making constant comparisons from different incidents), and
- e) Assist the researcher to identify, develop and relate concepts that are the building blocks of the theory.

The following seven key procedures which are characteristic of grounded theory studies were identified in literature (McCann & Clark, 2003; Strauss & Corbin, 1998; Glaser, 1992):

- ❑ Theoretical sensitivity
- ❑ Theoretical sampling
- ❑ Constant comparison
- ❑ Coding and categorising the data
- ❑ Theoretical memos and diagrams
- ❑ The literature as a source of data
- ❑ Integration of theory.

Strauss and Corbin (1998) identified and added a few other procedures, such as description, conceptual ordering and theorising, as other important steps in data analysis. However, as noted earlier, they warn that these are provided as procedures to guide the researchers during theory building which need not be applied in a rigid, step-by-step manner.

4.1.3.1. Theoretical sensitivity

This refers to the researcher's ability to respond to the subtle nuances of and cues to meanings of data. It means being able to differentiate between the significant and non-significant data and having insight into their meanings. It is the ability to separate the pertinent from the non-pertinent in a conceptual manner. Theoretical sensitivity can assist the researcher to maintain objectivity during data analysis (Holloway & Wheeler, 2002: 156; Strauss & Corbin, 1998: 43, Strauss & Corbin, 1990: 42). Objectivity in the qualitative research sense does not mean the control of variables. Rather, it means being open and willing to listen to the research participants, hearing what they say or do, and being able to interpret and represent these accurately. It also means being able to recognise subjectivity and take actions to minimise its intrusion into data analyses.

Theoretical sensitivity is a skill that can be learnt or built over a period of time from various sources, such as previous reading of the material that is relevant to the pertaining phenomena. Other sources include professional and personal experiences of the researcher (Holloway & Wheeler, 2002: 156; Strauss & Corbin, 1990: 41).

Strauss and Corbin (1990: 95) identified certain techniques to be used for novice grounded theorists to select from in order to build their theoretical sensitivity. These include the use of questioning, analysis of single words, sentences and phrases during open coding, the flip-flop procedure (turning concepts upside-down in order to obtain a different or opposite perspective on the event or object), making systematic comparisons of two or more cases or incidents (such as comparing the incident from the data with that read elsewhere in the literature or experienced in practice), and waving the red flag (being able to recognise when the researchers' biases, assumptions and beliefs start to intrude into data analysis, such as the researcher's use of certain words from the participants).

Other additional strategies to enhance theoretical sensitivity during the process of conducting the qualitative and grounded study include critical self-reflection and bracketing (Maijala et al., 2003: 40; Shaw, 2003: 1). Critical self-reflection is when preconceptions and provisional knowledge about the phenomenon is revised in the light of experience and reflection. Bracketing is the process of suspending one's beliefs and prior assumptions about the phenomenon.

4.1.3.2. Theoretical sampling

The first striking reality for any researcher who is new to the grounded theory approach is realisation of the differences between the sampling techniques used in grounded theory and those of other methodologies, both qualitative and quantitative. The main differences between theoretical sampling and

other sampling techniques are related to time and the continuous sampling throughout the research process. Unlike other sampling techniques, theoretical sampling is not determined prior to the study but, instead, it evolves during the study process and occurs systematically during the whole research process (McCann & Clark, 2003: 7; Holloway & Wheeler, 2002: 157; Pandit, 1996: 4; Strauss & Corbin, 1998: 201).

Theoretical sampling is the process of selecting cases and data collection for generating a theory, whereby data that are collected from the first few cases are analysed and used to decide on data to be collected next, and deciding the most relevant source where such data can be found (Pandit, 1996: 4).

According to Strauss and Corbin (1998: 202), the theoretical sampling process is driven by concepts which are derived from the emerging theory. Its aim is to maximise the opportunities to compare events, incidents or happenings for similarities and differences in order to determine how a category varies in terms of its properties and dimensions. This is important during the exploratory phase in new research areas, because it enables the researcher to be selective in his or her selection of the avenues that can yield more theoretically relevant data.

Theoretical sampling is accumulative in the sense that each event sampled is built from and adds to the previously collected data. The sampling becomes more focused as the research process proceeds (Strauss & Corbin, 1998: 203).

There are three modes of theoretical sampling. These are open sampling, which is the initial sampling at the beginning of the study, relational and variational sampling, which occurs during open and axial coding during data analysis, and discriminate sampling, which occurs during selective coding up to the point where there are no new categories emerging (Strauss & Corbin, 1998: 205-211).

Open sampling, which is also known as sampling 'on site', occurs at the beginning of the study, where the researcher makes specific considerations regarding selection of the site for recruitment of the participants or the group or population to recruit from, the type of data to collect initially, and the length of time the phenomenon should be studied. For a developmental or evolving process the researcher might decide on interviewing the same persons over a period of time, or she or he might choose to interview different people at different points during the research process. These considerations or sampling decisions can be modified as the theory evolves, and are part and parcel of theoretical sampling techniques of the grounded theory and are influenced by the research question (Strauss & Corbin, 1998: 204).

Open sampling also involves the selection of participants that will provide the greatest opportunity for discovery of a theory of a phenomenon that is being studied. For example, a theory of recovery from sexual assault can be discovered by investigating persons who have been sexually assaulted, and not from anyone else. This should occur during the early stages when the researcher has no concepts of theoretical relevance to fall back on. He or she is armed with the research problem or research question only. At this point of 'on site' sampling the researcher is open to all possibilities, and should take advantage of every opportunity that avails itself, e.g. in convenience sampling where participants are recruited because of their availability. The aim at this point is to gather as much data as possible and then to analyse such data to determine the sources of the next data as well as the type of such data (Strauss & Corbin, 1998: 206; Pandit, 1996: 4).

Important skills for the researcher at this stage are to be able to approach a potential participant, ask relevant questions and obtain relevant documentation. Asking good questions is very important, and improves the chances of good data analysis. Data analysis is only potentially as good as the data collected. Data analysis should be done immediately after the collection of the initial data in order to continue with the process of theoretical sampling (Strauss & Corbin, 1998: 206).

The open sampling is somehow the same as the purposive sampling that is used in other qualitative research methods, in that the researcher makes some preliminary sampling-related decisions. These include predetermined inclusion criteria, such as age, gender and the experience of the same phenomena by all potential participants, e.g. women who had been raped within a specified period, as was the case in the current study (McCann & Clark, 2003: 7).

The relational and variational sampling is a continuity of the theoretical sampling process which occurs during the open and axial coding processes of data collection in grounded theory development. It is based on the theoretical concepts and categories that emerge during this process. The researcher samples those incidents and events (from previously collected data) that enable him or her to identify significant variations in order to uncover the differences or similarities. This is the longest and most frustrating sampling process, especially for novice researchers. It requires persistence and patience on the part of the researcher, as well as the skill to be able to sample significant events or happenings during the open and axial coding processes of data analysis (Strauss & Corbin, 1998: 209).

Discriminate sampling occurs during the selective coding of data analysis in grounded theory. It is the selection of sites or persons and documents that will maximise opportunities for the completion of the analysis and gathering of data that are necessary for theoretical saturation of categories which is necessary for the completion of the grounded theory development. This process is accompanied by validation and modification as well as negating own interpretations against the incoming data. Discriminate sampling should continue until there are no new or relevant data which seem to emerge regarding each category. It should be stopped when the categories are well developed in terms of properties and dimensions, and when there are well established relationships among developed categories. This is known as theoretical saturation, and it leads to the completion of grounded theory development.

The principle of theoretical sampling is that each case which is selected for data collection should serve specific purposes within the overall scope of the research, including fulfilling the principle of literal replication, principle of extending the emerging theory using polar cases, and principle of extending the emerging theory by filling theoretical categories (Yin, 1989: 53-54). In other words, each case should be carefully recruited or selected so that it either produces similar results or contrary results for constant comparison purposes as well as reasons of predictability.

Theoretical sampling is a unique technique used in grounded theory methodology. However, some funding and research ethics committees are not familiar with the whole concept. Strauss and Corbin (1998: 215) advise researchers to explain how they intend to sample for their studies. Where necessary, they are advised to make use of preliminary studies or pilot studies. They should then state how the sampling methods used during the preliminary study will be used in the theoretical sampling of the proposed main study. For example, for the current study convenience sampling was used during the pilot phase. Data from the pilot study participants informed theoretical sampling in the main study, where cases were selected either because they had similarities to or differences from the pilot study participants.

4.1.3.3. Constant comparison analysis

This is the principal approach to data analysis in grounded theory. Some regard the grounded theory approach as “the constant comparative method of analysis” because of its two basic analytical procedures of making comparisons and asking questions during the open and axial coding process. Constant comparative analysis remains one of the basic principles on which Glaser and Strauss still agree as an important procedure of grounded theory analysis (Glaser & Strauss, 1967: 101-116; Strauss & Corbin, 1990: 62-63).

Asking questions in a grounded theory approach is an analytical tool which is used to open up the line of enquiry and direct the theoretical sampling throughout data collection and data analysis (Strauss & Corbin, 1998: 73). This indicates that it starts as early as analysis of data from the first interview. It relates to asking questions that are directed at the advancement of understanding the theoretical issues about the phenomena being studied. Questions need not be that difficult to formulate. An example given by Strauss and Corbin (1990: 24) is that after reading the segment or paragraph of the text, the researcher should stop and ask himself or herself a question like: "What is this?" or "What does this represent?". Answers to such questions are then compared with other segments of text for similarities in answers to the questions.

Making theoretical comparisons is another analytical tool in the grounded theory approach. It is used to stimulate the researcher's thinking about properties and dimensions of categories that are formed during the coding process. It is important for the identification of categories and their development (Strauss & Corbin, 1998: 93).

There are different ways of making theoretical comparisons. The most common is that which pertains to the comparison of incident to incident or object to object for similarities and differences. Another involves comparing abstract concepts or categories with other similar or different concepts for possible dimensions and properties (Strauss & Corbin, 1998: 94). Other types include the flip-flop technique and systematic comparison of two or more phenomena.

The flip-flop technique looks at the extreme opposite perspectives of the phenomenon in order to bring out significant properties of the category (Strauss & Corbin, 1998: 94; Strauss & Corbin, 1990: 84). The systematic comparison of two or more phenomena refers to comparing an incident from the data with one either recalled from the researcher's personal or professional experience or from the literature previously reviewed. This improves the researcher's theoretical sensitivity to properties and dimensions

in the data that might be overlooked due to the researcher's lack of knowledge or experience regarding what to look for in the data (Strauss & Corbin, 1998: 95). Comparison of incidents from the data with the literature also enhances internal validity (Pandit, 1996: 9).

The two analytical procedures, i.e. asking questions and making theoretical comparisons, are also influenced by theoretical sampling throughout the theory building process.

4.1.3.4. Data analysis: Coding and categorising

In grounded theory and any other qualitative research methodology, data analysis represents the interplay between the researcher and the data (Strauss & Corbin, 1998: 113). In grounded theory in particular, data analysis involves a sequence of procedures or methods known as coding procedures which are designed to be used creatively and flexibly during the theory building process. It is the central process for theory building (Strauss & Corbin, 1998: 13; Strauss & Corbin, 1990: 57).

Coding represents all the operations that are used to break down data, conceptualising it and putting it back in new ways. It starts as the micro-examination of data - detailed line-by-line analysis of data usually done at the beginning of the study to generate initial categories for further analysis (Strauss & Corbin, 1998: 57). This involves labelling of meaningful segments of texts from the transcripts, giving this data names or labels. This then leads to the development of categories (Babbie & Mouton, 2001:497).

There are three types of coding which were identified by Strauss and Corbin (1990:58): open coding, axial coding and selective coding. These have no lines separating them from each other, and do not necessarily take place in different stages or phases, although the first two commonly occur during the early stages of data analysis. They then both inform selective coding, which happens later, towards the end of the theory development process. These are

analytical tools and there are no strict and rigid rules forcing the researcher to follow them in a strict and conservative manner (Pandit, 1996: 7). Coding is a cyclical process in that the researcher can find himself or herself moving between open coding, axial coding and even selective coding at one point of data analysis (McCann & Clark, 2003: 7)

Open coding is an analytical process in which categories are created by identifying concepts from certain segments of data. The categories have properties, dimensions and consequences (Babbie & Mouton, 2001:499). The concepts are then said to be the building blocks of theories in grounded theory (Strauss & Corbin, 1998: 101).

Axial coding is the analytical procedure of relating the categories. It occurs around the axis of a category by linking categories at the level of properties and dimensions (Strauss & Corbin, 1998:123), connecting the category to its subcategories. Its purpose is to begin the process of putting together the data that were separated during open coding (Holloway & Wheeler, 2002: 159; Babbie & Mouton, 2001: 500; Strauss & Corbin, 1998: 123).

Selective coding is the process of selecting the core category or an overarching category, relating it to other categories and validating the relationships formed. It also involves identifying and filling in the categories that still need to be developed or refined in order to complete theory development. Selecting a core category entails being on the look-out for a 'main theme' or the main story that is reflected in the data and categories as they emerge (Strauss, 1987: 35).

The core category is the main or central phenomenon around which all categories are integrated (Babbie & Mouton, 2001: 500). Its function is to integrate and complete the theory development process (Strauss, 1987: 35).

The core category only emerges after extensive constant comparative analysis of data, persistency in asking questions and analytical thinking. It requires an abstract level of thinking on the part of the researcher (McCann & Clark, 2003: 7).

Selecting a core category requires perseverance on the part of the researcher. When the core category is determined too early or forced, there is a risk of coming up with an underdeveloped theory. An underdeveloped theory lacks integration and has little explanatory power.

Strauss (1987: 36) identified six criteria to be used to determine which of the categories among all others identified should be regarded as core. These include the following:

1. The core category must be more [my own emphasis] central in relation to other categories and their properties regarded as potential contenders for the position of core category.
2. It must appear frequently in the data.
3. It must relate easily to other categories.
4. It must have clear implications for a more general theory.
5. It must be able to emerge from the analytical processes and progress forwards toward theory development.
6. It must allow for maximum variation in the analysis in terms of dimensions, properties, consequences and strategies.

Selective coding leads to the development of the initial theoretical framework which is the basis for building a grounded theory (Pandit, 1996: 7). It can only be stopped once theoretical saturation has been reached.

Categorising is a classification of concepts which are discovered when those which pertain to the same phenomenon are compared with one another during data analysis. These classifications or categories are then given names by either utilising participants' own words or phrases (also known as 'in vivo' codes), or by drawing from the pool of concepts commonly used in the

researcher's professional discipline (Holloway & Wheeler, 2002: 158; Glaser, 1967: 70).

4.1.3.5. Theoretical memos and diagrams

A memo in grounded theory refers to the researcher's record of analysis, thoughts, interpretations, questions and directions for further data collection and analysis. These records vary in type or form and content, but are all related to the formulation of the theory process (Strauss & Corbin, 1998: 217; Strauss & Corbin, 1990: 197; Strauss, 1987: 109).

There are three types of memos in grounded theory. These are code notes, theoretical notes and operational notes. The code notes are records which contain the actual products of open, axial and selective coding. The theoretical notes are sensitising and summarising memos or notes that contain the researcher's thoughts and ideas about relevant and potentially relevant categories, properties, dimensions, variations and processes. Operational notes are the memos which contain procedural directions and reminders to the researcher regarding theoretical sampling matters, possible follow-ups and other data analysis matters (Strauss & Corbin, 1998: 217; Strauss & Corbin, 1990: 197; Strauss, 1987: 109).

The diagrams are the visual presentations of relationships between the concepts. They can be drawn by hand or by computer programs designed for such purposes (Strauss & Corbin, 1998: 218).

The functions and use of memos in grounded theory data analysis are many and are summarised from Strauss and Corbin (1998), Strauss and Corbin (1990) and Strauss (1987). They include the following:

- Keeping the researcher grounded and maintaining his or her awareness of what is going on between the data and himself or herself.
- They force the researcher to stop at different points during coding and move away from working with data, but start conceptualising about it.

- ❑ Memos and diagrams are part of analysis and should begin with initial data analysis and continue throughout the analysis process.
- ❑ They act as reflections of the researcher's analytical thoughts and the researcher's dialogue with data at each point throughout the analysis process (McCann & Clark, 2003: 7).
- ❑ They are useful in writing up the study for publication and presentations of the study findings (Holloway & Wheeler, 2002: 163).

The style of writing memos and drawing diagrams is the researcher's choice. However, Glaser (1978: 81-91), suggested the following basic rules of thumb (reinforced by Strauss and Corbin (1998: 221)) as follows:

- ❑ Memos and diagrams should be dated and referenced to documents or field notes from which they were derived.
- ❑ Memos and diagrams should contain headings or titles related to their content or intentions or stipulating what thoughts stimulated them.
- ❑ Short quotes or phrases from data can be included in memos as reminders of data that gave rise to certain concepts or ideas.
- ❑ Memos and diagrams should be kept separately from margins of transcripts.
- ❑ Memos should be abstract rather than descriptive.
- ❑ There should be flexibility and creativity in the writing of memos because rigidity stifles creativity.
- ❑ Modifications of memos can be done as the theory emerges.
- ❑ If two or more exciting ideas come at the same time, the researcher should jot down a few notes about each one immediately and then come back later and add more so that neither idea is lost.

During reading and rereading of the memos and diagrams, and sorting them accordingly, the researcher can discover how the categories link or connect to the core category (Strauss & Corbin, 1998: 238). According to the web-published discussion of Steve Borgatti 's introduction to grounded theory, the integration of all theoretical memos and diagrams leads to the final theory.

4.1.3.6. The literature as a source of data

There is so much that has been written about the value and place of literature in grounded theory. Here literature review is discussed as an analytical tool and an important technique in grounded theory.

Literature provides a rich source of events that can stimulate the researcher's thinking during coding and identification and naming of categories, and for asking conceptual questions. It also provides the researcher with ideas for theoretical sampling during early stages of the research. At this stage, literature can guide the researcher to best situations or places to go for initial data collection. It can also be regarded as a secondary source of data (Holloway & Wheeler, 2002: 161; Strauss & Corbin, 1998: 47).

Literature review in grounded theory can be used to confirm the findings of the study. When interwoven with the empirical data during the study, it can highlight, support and even extend the emerging theory (McCann & Clark, 2003: 7). However, literature review should not be allowed to stand between the researcher and her or his data. That can happen if the researcher is obsessed with checking each and every finding from her or his data against the existing literature. Such behaviour can prevent the researcher from making new discoveries on his or her own (Strauss & Corbin, 1998: 52).

4.1.3.7. Integration of theory

Theory integration is the most difficult part of doing grounded theory research because it is not only a complex process but a complicated one (Strauss & Corbin, 1990: 177). In order to produce a theory that has 'explanatory powers', the researcher has to ensure that during integration all categories are organised around the core category, which is the central explanatory concept of all. The clear linkages and connections between the core category and other categories is well illustrated. Integration only occurs after the researcher

has spent time immersed in the data, which has systematically developed into a picture of reality as an emerging theory.

There are several techniques that could be used to enhance the integration of theory (Strauss & Corbin, 1998:161). These include the following:

- explicating and writing the story line,
- making use of diagrams, and
- reviewing or sorting memos manually or with the assistance of computer programs designed for such purposes.

Explicating the story line relates to formulating a story line about the central phenomena of a study by making comparisons and asking questions about the data. Once a general descriptive overview of the story is clear, it is then told analytically in the form of a storyline. Writing the story line is the means of moving from the descriptive story to conceptualising the central idea or core category that explains the phenomena (Strauss, 1990:121).

Making use of diagrams is done to sort out and explain the relationship among different concepts or categories and the core category in relation to the emerging theory. The diagrams at this stage should flow in a logical way without further explanations, and should not be too complicated (Strauss & Corbin, 1998: 153).

Reviewing and sorting of memos is an important step in the integration of theory. Memos are a storehouse of the researcher's ideas and should provide clues to the integration of the theory. The process of reviewing memos means going through each one, reading and rereading for the purpose of sorting them. They are sorted by categories and cross-dimensional linkages between categories in order to arrive at integration.

The challenge for any researcher (but especially student and novice researchers) at this stage is to come up with an abstract theoretical scheme

as a result of integration. A warning issued by Strauss and Corbin (1998:155) to student and novice researchers is that they should seek help if their ultimate research goals are theory development and not just descriptions of themes. However, Chenitz and Swanson (1986: 8) state that the researcher doing a grounded study may stop at any level of analysis and report findings, because grounded studies can be reported at both descriptive and theoretical or process level.

Once a theoretical schema that represents the grounded theory is outlined, the theory is ready for any refinement, trimming off and filling in of poorly developed categories (Strauss & Corbin, 1998: 161).

The final step in grounded theory involves validating the theory against the raw data. This means comparing it to raw data, and can also mean presenting it to the participants for their reactions (Strauss & Corbin, 1998: 161), which is also known as member validation or member check. It is one of the strategies used by qualitative researchers to ensure the trustworthiness of the study. Member checks empower the participants and give them some control over the research process (Holloway & Wheeler, 2002: 257, 258).

The important feature of a theory that is grounded in data is that it should be recognisable to participants (Strauss & Corbin, 1998: 161).

4.1.3.8. Analysing for process in grounded theory

Coding for process is important and necessary in grounded theory studies that examine passages such as development, socialisation and transformation as well as historic events.

Bringing process into the analysis is an essential feature of grounded theory, irrespective of whether the aim is to develop a general formal theory or a substantive theory. A general formal theory is a theory that emerges from a study of a phenomenon that is investigated under many different types of situations. Substantive theory is one that emerges from the study of a

phenomenon situated in one particular situational context (Strauss & Corbin, 1990: 174).

Process is a series of evolving sequences of action or interaction. It occurs over time and space in response to a situation or context. It demonstrates the ability of individuals, organisations and groups to respond to and shape situations in which they find themselves. A researcher in grounded theory approach has to capture this and account for it in the building up of his theory (Strauss & Corbin, 1998: 166).

An illustration that is provided by Strauss and Corbin (1998: 167) demonstrates the process as sequences of evolving interactions over a period of time which are influenced by structural conditions.

Process can be an organising thread or core category of a theory. It can also take a less prominent role. Whatever role it takes, it should be coded accurately and be accounted for in analysis (Strauss & Corbin, 1998: 179). When coding for process the researcher analyses the action or interaction and traces it over time to note whether change occurs, and what enables such change to occur or to remain unchanged within the structural conditions (Strauss & Corbin, 1998: 163).

Conceptualising process in data is represented by happenings and events that may or may not occur in continuous sequence. It can be described in stages or phases in a progressive movement, or it can be viewed as a non-progressive move which is not presented in phases (Strauss & Corbin, 1990: 152).

Conceptualising process is part of axial coding in which the researcher purposefully notes movement, sequence and change, and how it evolves in response to changes in context. The researcher utilises the same techniques of asking questions and making comparisons, but also spells out the conditions and corresponding actions which are responsible for the forward movement, the turning points, and outcomes of reaching or not reaching the

turning points. He or she also shows how such turning points affect the next set of actions taken to move the process forward. The researcher also has to account for variation in movement of different individuals through the stages or phases, e.g. why some people lag behind when others pass through the stages without problems, or why others regress instead of moving the process forward (Strauss, 1990: 153).

4.2. The critique of grounded theory

There is documented criticism of grounded theory as a methodology (McCann & Clark, 2003: 9; Holloway & Wheeler, 2002: 166; Charmaz, 2000: 509). In order to address aspects of grounded theory criticised by these authors, the researcher applied certain complementary procedures from other qualitative research methodologists in the current study, especially during the analysis of data and theory development.

The critiques warn of the possibility of ending up with descriptions and not the intended theory if the researcher is not familiar with the methodology canons. The descriptions are words used to convey a mental image of an event, experience or emotion. They are accounts related from the perspective of the person doing the depicting. Description draws on ordinary vocabulary to convey ideas about things, people and places. It is the basis for more abstract interpretations of data and theory development. A theory, on the other hand, is a set of well developed concepts which are related through statements of relationship, which together constitute an integrated framework to explain or predict a phenomenon (Strauss & Corbin, 1998: 15).

The aim of any grounded theory study is the development of a theory - it is never just the development of descriptions. The possibility of developing descriptions is very low if the researcher adheres to all the principles of the grounded theory, especially continuous theoretical sampling. The possibility of developing descriptions can happen if the researcher stops before theoretical saturation has been reached. However, Chenitz and Swanson (1986: 8) state that the researcher doing a grounded study may stop data collection and

analysis at any level of analysis and report findings, because grounded studies can be reported at both descriptive and theoretical or process level.

What seems to be important when the researcher discovers that the product of her or his work is the description rather than the intended theory development, is honesty and integrity in reporting the outcome as it is. She or he can then explain whether she or he stopped data collection and analysis before the theoretical saturation point was reached or not. She or he should also explain why she or he stopped data collection and analysis before reaching theoretical saturation. According to Shaw (2003: 42), qualitative research allows for deviations from the prescribed methodology, unlike most quantitative research. However, he also warns that such deviations should be accounted for and highlighted for other research consumers.

Strauss and Corbin (1998: 155) encourage students and novice researchers to seek assistance from their supervisors or promoters and experienced researchers in order to reach the ultimate goal of theory development as another way to prevent the disgrace of producing descriptions instead of theories.

The onus lies with the researcher to ensure that his or her research project culminates in an intended product and reports honestly where the canons of the methodology have not been followed properly. Criticism regarding production of descriptions instead of the development of a theory should not be blamed on the methodology, but on the individual researcher who has failed to follow the grounded theory methods correctly and/or failed to report failures in adhering to the grounded theory prescriptions.

A second criticism is that the grounded theory methodologist describes the identification of the emergence of the core category as an easy and automatic happening. It is argued that that is misleading to novice researchers who could be using the methodology for the first time. In order to discover a core category, a researcher has to work hard with his or her data (McCann & Clark, 2003: 19; Holloway & Wheeler, 2002: 166; Charmaz, 2000: 509).

This does not seem to apply to the methodology as such, but to an error that can happen to anyone who embarks on the methodology without adequate knowledge and understanding of it. This can happen when one is not guided and mentored in the research methodology of her or his choice.

This error can be avoided by ensuring that the researcher is familiar with the purposive and theoretical sampling methods used in grounded theory. Some researchers use the purposive sampling only, and do not allow themselves to be guided by the theoretical sampling in selecting where to collect further data.

Rather than criticising the methodology per se, researchers should be encouraged to acquire relevant knowledge and skills in conducting grounded theory studies.

A third criticism of the methodology is the lack of generalisability and the replication of findings to different contexts. This issue does not apply only to grounded theory as a methodology, but to all qualitative research designs. Generalisability of findings to the general population is a goal of most quantitative studies. In qualitative study we talk of transferability and replication of the study in other contexts and similar or different conditions. Transferability and duplication of the study in a different context can be achieved in grounded theory by ensuring that the researcher describes all procedures and every step that was taken during the research process in an explicit manner (Ulin *et al.*, 2002: 32).

A fourth criticism is on the prescriptive style of the grounded theory methodology. This refers to the prescribed grounded theory techniques, rules and procedures which are the basic requirements for determining the credibility of the theory developed from the grounded theory study (Miller & Fredericks, 1999: 538).

grounded theory include participant observations in the field and document reviews (Holloway & Wheeler, 2002: 154).

The last criticism of grounded theory is that some researchers undermine the basic premise of constant comparative method and only conduct data analysis at the end of data collection (McCann & Clark, 2003: 19).

Professor John Creswell, a renowned author of qualitative research methods and mixed methods research books (e.g. Creswell,1998), stated that the researcher should always consider the principles of pragmatism when decisions that affect flexibility within each methodology are required. He stated that if for one reason or another it is not feasible to collect and analyse data at the same time, then the researcher should select the best pragmatic solution. He or she should then report the problems he or she experienced, which stopped him or her from following the correct procedures (personal conversation - 21 January, 2006).

4.2.1. Pilot study in grounded theory

Glaser (1992) states that the researcher who is engaged in grounded theory should fight the need to preconceive a research question. The researcher must “learn **not** to know when telling others what he is studying” (p. 24). That is in contrast to what the funding bodies ethics review committees and the university academic review board expect to find in any research proposal, especially when such research is for academic purposes. Having an already identified area of interest is not adequate for the submission of a proposal to conduct research and for ethical clearance.

De Vaus (1993) warns both qualitative and quantitative researchers to pilot test first before embarking on any major research project with the following words: “Do not take risks. Pilot test first” (p. 54). This warning is also true for grounded theory studies. Conducting a pilot study prior to engaging in a major

study is important in grounded theory because it addresses the issues of theoretical sampling. According to Byrne (2001: 4), although pilot studies are time- consuming, frustrating and often fraught with unanticipated problems, they are worth all the effort as they add value and credibility to the researcher's work at the end.

Further indications for pilot studies in grounded theory and other qualitative and quantitative research were identified from various sources of the existing literature (Lindquist, 1991: 91; Teijlingen & Hundley, 2000: 1-7). These include the following:

- Developing and testing adequacy of research instruments
- Assessing the feasibility of a full-scale study
- Designing a research protocol
- Assessing whether the protocol is realistic and workable
- Establishing whether the sampling frame and technique are effective
- Identifying logistical problems which might occur using proposed methods
- Estimating variability in outcomes to help determine sample size
- Collecting preliminary data
- Determining what resources (finance, staff) are needed for a planned study
- Assessing the proposed data analysis techniques to uncover potential problems
- Developing a research question and research plan
- Training a researcher in as many elements of the research process as possible
- Convincing funding bodies that the research team is competent and knowledgeable
- Convincing funding bodies that the main study is feasible and worth funding
- Convincing other stakeholders that the main study is worth supporting.

Conducting research in the area of sexual violence has complex ethical and practical challenges over and above those posed by any research in general

(WHO 2001: 6). There are more risks to the participant because of her vulnerable status and the sensitive and intrusive nature of research questions asked at her most vulnerable time following sexual trauma. There is the potential of secondary victimisation. However, it is important to note that no researcher would intentionally set out to revictimise the study participant. However, emotional and physical harm can still occur if adequate precautions are not put in place to minimise those risks (Sullivan & Cain 2004: 603).

Cottingham and Jansen (2005) identified the following ethical and practical challenges for researchers in gender-based violence, which can be addressed by conducting pilot studies prior to embarking on the main study:

- Secondary victimisation due to coercion to participate and questioning soon after the assault,
- The hierarchical and generally oppressive patriarchal nature of the health system if recruitment is done through the hospital has the potential of coercion to participate, irrespective of the woman's actual willingness to participate or otherwise,
- Protection of the women during the study period, especially in the longitudinal study – selection of the venue to conduct interviews in privacy,
- Recognition of health and social problems,
- Informed consent – respect of persons as autonomous beings and protection of those with diminished capacity,
- Freedom to participate or to withdraw from participation,
- Confidentiality versus anonymity – protection of the participants' identity from others (including other participants),
- Information to be disclosed to the participants prior to participation, such as description of the research, risks and benefits (if any), confidentiality, compensation, voluntary participation,.
- Recruitment - such as how to locate and recruit women and keep them in the longitudinal study for a period of six months,
- Contacting women safely over the period of six months,

- Unpredictable situations for women, especially following assault, including change of address and contact details,
- Use of the telephone to contact women, including being prepared on how to deal with questions about why you are calling that number,
- The potential of speaking to the incorrect person and thus importance of always ensuring that you are speaking to the right person,
- Ability to listen for indirect communication that might indicate that she is uncomfortable or unsafe, e.g. speech hesitations and uncomfortable silences,
- Training, knowledge and skills regarding the complexities of women's response to sexual violence, active listening and empathic attitude, maintenance of confidentiality,
- Knowledge about available community resources for referral purposes,
- Knowledge and skills to handle unanticipated situations,
- Research skills such as good questioning (especially when using unstructured interviews),
- Expenses, difficulties and time involved in locating women over a long period of time (six months),
- Consent to use other people's phones – the participant has to give permission for that, but you also have to negotiate with the telephone owner,
- Use of hospital staff – their role in the research, e.g. identifying potential a participant and informing them of the study (Consent-to-be contacted form, also known as Release of information form), and impact of understaffing – research as an overload/added burden, training needs.

The indications for conducting a pilot study in grounded theory and the ethical problems associated with research on sexual violence research, as identified by Cottingham and Jansen (2005), Sullivan and Cain (2004: 603), Teijlingen and Hundley (2000: 1-7), De Vaus (1993: 54) and Lindquist (1991: 91) all influenced the decision to undertake a pilot study within the current grounded

theory study. Application of the advice from the above-named authors is illustrated under 4.3.1.: The pilot study process below.

4.3. The Research Process

The research process for the current study consisted of multiple phases which included the pilot phase, the data collection and data analysis phase, and theory development phase. For practical purposes these phases are discussed under different sections and chapters. Section 1 of the research process discusses the pilot phase and Section 2 discusses the data collection phase. Data analysis and theory development are discussed in Chapter 5 and Chapter 6 below.

4.3.1. Section 1: The pilot phase

The pilot study was conducted between October 2004 and March 2005, but the participants from the pilot study phase were included in the sample of the main study. Their data were also analysed together with the data of the main study. Because the method of actual data collection and analysis was the same during the pilot process and the main study, data collection and analysis for the pilot study is only discussed under the main data collection in Section 2 below. Section 1 discusses the main objectives of the pilot study, the challenges and opportunities identified through the pilot phase, as well as the decision making that led to progression from the pilot phase to the main study.

The main purpose of the pilot study was to identify and prevent any risks or research activities that could be detrimental to the participants during the main study on the women's journey of recovery. While all ethical considerations were made and precautions taken, it was important to put some of these to the test because they had not been used before in this type of study. The objectives of the pilot study were:

- A meeting with the Hospital Trauma Unit Management (doctors and nurse managers), who needed to be convinced that the study would not be detrimental to the participants.
- Identification of the key informant whose role was to assist the researcher with the identification of potential participants and informing them of the study and asking them to complete a “ Consent-to-be-contacted” form (see appendix D), allowing the researcher to call them for recruitment into the study.
- Permission to recruit from the site and to use the site facilities for recruitment purposes was given by the gatekeepers.
- After a series of meetings and discussions with the key informant, recruitment for the pilot study began in November 2004.

4.3.2.2. Recruitment for the pilot phase

The researcher contacted all potential women participants who had signed the ‘Consent to be contacted form’ with the key informant. This form was considered as the women’s permission to the researcher to contact and recruit them to the study telephonically. The intention was to invite those who agreed to come back to the hospital or to be visited at home to sign a form giving voluntary consent to participate in the study, so that the first interview section could be held within the first week following sexual assault.

A potential problem that was identified with this method of recruitment was that when women were contacted by the researcher telephonically, they did not seem to remember giving consent to be contacted. They were surprised and sometimes angry that the researcher was calling them about research. It seemed that some women were expecting to be called and be informed about their HIV blood test results or progress in apprehending the perpetrator.

The above behaviours and attitudes of potential participants raised the questions regarding the possibility that the women were possibly coerced by the key informant into signing the ‘Consent to be contacted form’. Another

possibility was that the patient information was taken from the hospital records and used to complete the form, which was then given to the researcher without the women's knowledge. If these concerns were true, then it would have meant that the women's ethical rights of privacy and voluntary participation were violated. That could not be allowed to happen to participants of the main study as well as to the potential participants.

These concerns were discussed with the key informant. It was decided that the researcher would be called to come and see the potential participant once all sexual assault management protocols had been carried out, so that she could inform the women of the study and recruit them on her own. A notice was posted for all staff to see in the sexual assault consulting room.

The researcher waited and waited to be called in, but was not called in for weeks. On checking the hospital records, there was clear evidence that raped women were still coming to the trauma unit, but the researcher was not being called in to come and see them.

Another problem that was identified with this method of recruitment was that on one occasion, the researcher was called in to see the woman before she was seen by the doctors. She had been made to sit aside and wait for the researcher before being seen by the doctor. This meant that the woman had to wait longer before medical care was given. This translated into secondary victimisation on the part of that woman. The researcher felt uncomfortable about talking to the traumatised woman about research recruitment before the woman was seen by the doctor. The woman agreed to participate in the study. The woman later explained that she also felt uncomfortable about being asked to participate in the research before even being seen by the doctor.

On three occasions the researcher was called in to see persons who did not meet the set criteria of age, i.e. they were below the age of 18 years. Inclusion criteria for both pilot and main study sampling is discussed under 4.4.3.3.

Many recruitment opportunities were lost in the because of the above problems. As a result, only three (instead of five) women were recruited and actively participating in the study between November 2004 and March 2005. The low recruitment rate meant that the researcher had to do something if she was hoping to recruit a total of ten women. It meant going back to the drawing board to explore the reasons for poor numbers while there was documented evidence that at least 30 sexually assaulted women were seen at the trauma unit each month.

4.3.2.3. Data collection process in the pilot study

The actual data collection (completion of demographic questionnaires and interviews) went as planned, and is discussed under 4.4.5. Data collection process below. The discussion here is merely to describe the practical challenges that were experienced in achieving the second objective of the pilot study, and which had implications for the main study. The second objective of the pilot study was to identify all practical problems that could occur when using the proposed recruitment, data collection and data analysis methods without compromising the participants' safety.

The first practical challenge experienced during data collection with the three pilot study participants related to identification of the safest place to conduct interviews. As most qualitative researchers would think, the researcher first thought that data collection would happen in the most natural environment - such as the participant's home. However, when the participants were given an option of choosing where they wanted the interview sessions to be held for data collection, they all preferred the researcher's office, and indicated privacy and safety as their reasons for this choice. The participants' preference meant that certain logistical arrangements had to be made in order to provide easy access for them. For example, appointment cards had to be made so that the participants could come and see the researcher. To ensure privacy and avoid

disturbances from consulting students and colleagues, special 'Do not disturb' signs were put outside the researcher's office during the interviews.

Another practical challenge identified during the pilot phase was that some of the participants did not have personal telephones or mobile phones. It was difficult for the researcher to contact them when she wanted to remind them of the follow-up data collection sessions. There was always the potential of speaking to the wrong person over the phone about the participants, or leaving a message with a person that the participant did not want to know about her involvement in the research. Each participant identified the telephone numbers of two more people that could be called in if the participant could not be contacted on the telephone numbers provided. The people identified by the participants were either partners or their mothers, to whom disclosure about the rape had already taken place. The same communication system was then devised for the major study participants.

All three participants relocated during the course of the pilot study. The first two participants relocated to different townships within the Western Cape, and the other moved to another province, the Eastern Cape. They were all traceable due to the communication system that had been devised between the participants and the researcher.

The third objective of the pilot study was to determine the feasibility of the main study regarding the financial and human resources within the proposed study methods.

Initially, it was proposed that the women would be paid for travel expenses only. This amounted to about R20.00 per person per visit. The interviews initially took about one and a half hours. However, the existing literature proposed better compensation for participants in sexual violence research. Sullivan and Cain (2004: 603) proposed that the study participants be compensated for their time and the difficulties they experience in order to come for the interviews. They recommend that the amount should not be so high that it might coerce women who would rather not participate to do so only

of complicated cases and teenagers. A change of recruitment site to a centre primarily dedicated to sexual assault was recommended to improve the recruitment rates for the main study. The researcher had to become active in the recruitment process and not rely on the clinical staff who had problems in terms of workload and staff shortages.

The need to change the recruitment site for the main study was communicated to the University of Cape Town Ethics Committee and a request for approval of the new research recruitment site and active researcher participation for the main study was endorsed. The new centre was then contacted with the newly approved proposal, and permission to recruit from the centre was granted. Active recruitment for the current study was initiated in March 2005.

4.3.2.5. Concluding remarks on the pilot phase

The above information about the pilot phase process is discussed here as an audit trail. The audit trail is a record of all the steps that were followed and the decisions and choices that were made by the researcher during the research process. The aim of the audit trail is to assist the reader to evaluate the scientific rigour of and systematic processes followed by the research project (Byrne, 2001: 2).

Another reason for including the section on the pilot study process in detail is a way of honouring the obligations that all researchers in gender-based violence have. Their obligation is to disseminate and share all the research experiences and outcomes (good or bad) with other researchers in the field in order to prevent repetition of errors and reinventing the wheel in future research (Sullivan & Cain, 2004: 603). Sharing all the information on the pilot process and the problems which were identified during the pilot phase are the researcher's contribution to sexual violence research.

My concluding words about the pilot study in qualitative research and in sexual violence research is that it is a worthwhile part of conducting such research. The success of the current study was based on the lessons learnt during the pilot phase. Without the pilot phase, there was a great potential for violation of some of the constitutional and ethical rights of the participants.

The pilot study served as the basis for the theoretical sampling and recruitment for the current grounded study. For that reason and the other reasons mentioned above, it qualifies to be discussed in detail in this thesis.

4.4. Section 2: The main study research process

This section of the methodology chapter discusses the research methods that were used throughout the study. These include gaining access, the process of recruiting the participants, purposive and theoretical sampling, inclusion and exclusion criteria for recruitment of participants, and the data collection process. Data collection and data analysis occur simultaneously in a grounded theory approach, but for practical purposes the two procedures are discussed separately. Data analysis is provided as Chapter 5 in this report.

Data were collected between April 2005 and November 2005 following a pilot study which started in October 2004. Data from the pilot phase were useful in informing the theoretical sampling procedures implemented during the recruitment of participants for the current study. These are described under 4.4.3 to 4.4.3.2. below.

4.4.1. Gaining access

Gaining access to the recruitment site is often cited in literature as a complicated and arduous process (Woods & Roberts, 2003: 38). In contrast, gaining access to the recruitment setting in this study was not difficult once all the ethical approvals were received. Gaining access to the recruitment setting was important because it was the only setting in which a group of women who have been raped recently.

Two meetings were held with the sexual assault management team at the new recruitment site. The aims of the meetings were to explain the proposed study and the recruitment procedure to be followed. This included identification of potential participants before they were seen and managed by the sexual assault management team, informing potential participants about the research and then recruiting them to participate voluntarily.

Active participant recruitment was started after two weeks spent in the reception area of the centre observing the procedures that were followed when women who had been raped were brought in by police, and when they came in on their own accord or for follow-up care. This involved speaking to the women before they were seen by the health team. This, together with the experience gained during the pilot phase, gave me the confidence to speak to women at the most vulnerable stage following sexual assault.

4.4.2. Population of the study

The population for the study was all women who presented within the first week following sexual assault, between April and May 2005, at the new site that was dedicated to the management of sexual assault victims in the Western Cape Province of South Africa. These were women who either came to the centre for the first time or those who were returning to get their HIV and STI blood results and post-exposure prophylaxis (PEP) medication which could not be given over the weekend or overnight.

4.4.3. Sampling

A combination of three sampling methods was used in order to recruit the participants for the study. These were purposive sampling, open sampling and theoretical sampling. Purposive sampling is a method where a predetermined criterion for recruitment of participants into the study is decided on before the recruitment of participants. The researcher makes some preliminary sampling-

related decisions. These include predetermined inclusion criteria such as age, gender, and experience of the same phenomena by all potential participants, e.g. women who had been raped within a specified period, as was the case in the current study (McCann & Clark, 2003: 7; Polit & Hungler, 1991: 260).

Open sampling is the selection of participants 'on site'. In open sampling the researcher recruits participants who meet the inclusion criteria, but is not influenced by evidence of any research-related concepts (Strauss & Corbin, 1998: 215). Open sampling is similar to convenience sampling, in which the researcher selects and recruits participants who are readily available (Polit & Hungler, 1991: 642).

Theoretical sampling is the process of selecting cases and data collection for generating a theory whereby data which was collected from the first few cases are analysed and used to decide on which data to collect next, and where such data can be found (Pandit, 1996: 4). The main principle of theoretical sampling is that each case selected for data collection should serve a specific purpose within the overall scope of the research. These specific purposes are incorporated in the principles of literal replication, extending the emerging theory using polar cases, and extending the emerging theory by filling theoretical categories (Yin, 1989: 53-54). This means that each case is carefully recruited or selected so that it produces similar results or contrary results for predictability reasons.

4.4.3.1. Purposive sampling

As part of purposive sampling, preliminary decisions regarding the inclusion and exclusion criteria and selection of best recruitment site that were made were based on the preliminary study or pilot study experiences. For instance, the recruitment site that was used in the pilot study could not yield many potential participants because it was a tertiary level hospital and did not have a dedicated TCC. Based on this, a decision to use a setting that is primarily dedicated to the management of sexual assault victims was made.

Preliminary decisions around inclusion and exclusion included age and recent experience of sexual assault, i.e. the participants had to be above the age of 18 years, having been sexually assaulted within the week of presenting to the recruitment site for sexual assault management.

4.4.3.2. Open sampling and theoretical sampling

The open sampling used to select the three pilot study participants 'on site' based on principles of convenience and availability was the first sampling method for the recruitment of pilot phase participants. In open sampling, the researcher recruited the women who met the inclusion criteria and voluntarily agreed to participate in the study. The main inclusion criterion was that the woman presented to the recruitment site within the same week of being recruited.

The analysed data on the three pilot study participants influenced progress from open sampling to theoretical sampling for the current study. Each new participant for the current study was carefully selected based on Yin's three theoretical sampling principles for selecting participants.

Preliminary data analysis of the pilot study led to the following categories, which were used in determining which participants to approach further:

- ❑ Family support/no family support
- ❑ Rape in the house
- ❑ Stranger rape experience/intimate partner violence.

Employing **the principle of literal replication**, three participants who seemed to have family support (as they were accompanied by a family member or friend) were approached in the TCC waiting area to replicate the first participant of the pilot study. Another woman who gave the history of having been raped in her own house was recruited to replicate the third participant of the pilot study on the same principle of literal replication.

Employing **the principle of using polar cases**, the category 'no family support' was constructed as the opposite to the category of family support. It was used to recruit one participant who was not accompanied and stated that she had no immediate family support.

All three pilot participants were raped by strangers. So, employing **the principle of using polar cases**, two women with a history of rape by an intimate partner were also recruited.

A total of ten women participated in the study. This included the seven women who were recruited for the study using theoretical sampling and the three women from the pilot study who were recruited using the open sampling method. The data from the pilot participants were used throughout data analysis. This is allowed in qualitative study, where there is no fear that the pilot could contaminate data. A summary of the study participants is provided in the tables below.

Table 4.1. The Principle of Replication

Category for replication	Data source	Number of recruited participants
Family support	Pilot participant 1	3 participants
Rape in own house	Pilot participant 3	1 participant
Total of new participants		4 participants

Table 4.2. The Principle of Using Polar Cases

Polar case category	Data source	Number of recruited participants
No family support	Opposite of pilot participant 1	1 participant
Intimate partner sexual assault	Opposite of all 3 pilot participants	2 participants
Total of new participants		3 participants
TOTAL RESEARCH PARTICIPANTS	3 from purposive sampling + 7 from theoretical sampling	10 PARTICIPANTS

The central criterion for participation in the study was having experienced rape within a week of being approached for inclusion. All 10 participants were raped by single perpetrators. All gang-raped victims who presented to the TCC were minors and therefore could not participate in the study because of both ethical and practical reasons (ethically consent from their parents or guardians would have been necessary).

4.4.3.3. Inclusion criteria

To be eligible to participate in the study, the woman had to be above 18 years old. The sexual assault should have taken place within a week of being recruited to the study. She should have presented to the recruitment site and have received the comprehensive management of sexual assault according to the management protocol of the recruitment site. She had to voluntarily consent to be admitted to the study.

4.4.3.4. Exclusion criteria

In order to ensure a homogenous sample, minors and men were excluded from this study. While it is acknowledged that men do also get raped, their exclusion was based on the researcher's philosophical perspectives of the post-colonial black feminist approach that guided the research.

Another reason for the exclusion of men and minors lies in the purpose of the study, which was to develop a substantive theory and not a formal theory on women's journey of recovery from sexual assault. The substantive theory is the common type among theories that are developed from the grounded theory approach. It focuses on specific social processes and is developed from empirical studies such as the current study. The formal theory deals with a conceptual area of enquiry (McCann & Clark, 2003: 7).

4.4.4. Recruitment process

The women were approached in the reception area where the researcher introduced herself and had basic conversations with them to establish rapport. Once the purpose of their visit to the centre was ascertained, a request was made to speak to her about the research. This had to be after she had been seen by the TCC team. If she agreed, the nurse was informed so that she could call the researcher in at the end of the treatment session.

Those who had initially agreed to speak to the researcher were taken to a private room when their comprehensive management was over. The research subject was introduced and voluntary participation requested. On agreeing to participate, an appropriate date, time and venue for the next meeting were then set, and directions to the researcher's office as an interview venue were given. The only participant who selected to be interviewed elsewhere gave directions to the researcher to a specific parking spot in town near her workplace. Interviews with her were to be held during her lunch break.

Contrary to the common qualitative researchers' practice of selecting the most 'natural' environment such as participants' homes for data collection, the

researcher's office was used. Almost all women chose to be interviewed in the researcher's office when asked where they would like to be interviewed. They cited safety and privacy as reasons for their choice. The protection of the women's immediate safety and their privacy during data collection as well as the protection of the researcher are considered very important ethical considerations when conducting research on abused women (Sullivan & Cain, 2004: 603).

The voluntary participants were also given appointment cards and the researcher's telephone numbers and asked to call the researcher in case they got lost or needed to change their scheduled times. They were also informed about the reimbursement of their travelling expenses.

4.4.5. Data collection process

The main data collection method that was used in the current study was the intensive, audio-taped, oral one-on-one in-depth interviews. These intensive, in-depth interviews are also known as conversational partnerships or conversation with a purpose. These terms are a reflection of the unique interactive nature of qualitative interviewing, where research participants are encouraged to take an active role in determining the flow of the discussion. By talking freely about their lives, the participants generate empirical data for further analysis (Ulin *et al.* 2002: 83). The first session of data collection also had a questionnaire for the collection of demographic data.

Field notes were also made throughout the interview sessions. Writing of field notes provided the researcher with rich observational data which were related to the context in which the field notes were recorded.

The main interviewing technique was to allow the woman to speak freely about her experiences following rape, how she was feeling and how she was managing to deal with different experiences. Follow-up and probing questions were used as and when necessary.

Another approach to interviewing was staggering of the depth of interviews. In-depth interview questions, follow-up questions and probing were employed more during the subsequent sessions rather than during the initial interview sessions. For instance, in the initial data collection sessions each participant was allowed to talk freely with limited follow-up questions. This was to allow the generation of rich data and as many categories as possible for the generation of '*in vivo*' codes for further data analysis. '*In vivo*' statements are the catchy words or phrases used by the participants themselves in describing their experiences (Strauss & Corbin, 1990: 69).

There were four sessions of data collection or interviews per participant. These were held at in predetermined sessions which lasted between 1 and 2 hours. The predetermined schedules were as follows for all women:

1. Initial interview within first week
2. At the end of the fourth week
3. At the end of the 12th week
4. At the end of the 24th week

The main language that was used to conduct the interviews was isiXhosa, but some participants used both isiXhosa and English language interchangeably. This was found to be common among those participants who had reached a tertiary level of education. This was accepted as it made women feel comfortable.

Interviews were audio-taped and field notes were written during the interview or immediately after the interviews. While some qualitative researchers in grounded theory for example Glaser (1967) would prefer making post-interview notes rather than audio-taping the interviews, audio-taping the interviews was selected in order to capture and retain the voices of the participants and their responses for further analysis. The participants' 'voices' are the best data when compared to the post-interview notes.

The audio-taped interviews were transcribed within the first 24 hours of the interviews. Field notes on the observations about the participant and her

- to develop the researcher -participant relationship and rapport,
- to get basic facts and basic descriptions regarding what has happened to the woman, what she was experiencing, and how she was managing those experiences at that point,
- to obtain the demographic data, such as age, level of education, marital status, language spoken at home, number and relationship of people she stays with at home, ethnicity, employment status, source of income and pregnancy status at the time of rape,
- to obtain basic information such as the type of rape, and
- to obtain baseline data for the development of further interview questions on the woman's experiences for theoretical sampling and the development of categories for further theory development.

Both verbal and written consent were obtained after thorough explanation of the research, and the research aims, participant's rights and researcher's responsibilities were explained. A copy of the written consent and information sheet were given to each participant to keep as her own records, while the researcher kept copies of same documents for record-keeping purposes.

The researcher read and explained each of the questions on the demographic data questionnaire. She completed the questionnaire from each participant's responses. Once the questionnaire was completed, the answers to each of the questions were then read back to the participant to verify data. At this stage the flow of the conversation was established. It was determined that most participants were relaxed and ready to talk freely. The approach to asking and explaining the demographic questionnaire rather than giving it to participants to complete was to set the tone for the conversation that would follow, and to let the participant realise that her input and opinions were valued by the researcher.

At the end of the demographic data questionnaire, the participant was then asked to relate how the rape occurred in order to ascertain the type of rape. She was asked to relate her experiences and feelings since the incident for

basic facts and descriptions of what happened and what she was experiencing, and to establish the baseline for the development of categories for further data analysis regarding feelings following the traumatic rape experience.

Follow-up and probing questions regarding how she was managing her experiences at that stage were asked as and when necessary, e.g. when such explanations were not given.

At the completion of the interview a summary of her answers was given. She was then asked whether the summary captured all she had said. This was done to ensure accuracy of the data that had been collected before they were analysed.

Field notes on any additional observations were made during the interview were noted as part of data at the end of interview session. This was considered as a within-method triangulation analysis to determine if these behaviours and responses matched what was being said by the participant. This addresses the criticism of qualitative researchers for taking participants' words at "face value" without any checking or reflection or taking an analytical stance (Holloway & Wheeler, 2002: 93).

4.4.5.2. The second interview session

This session occurred at the end of the fourth week following the incident of rape. The end of the fourth week was scheduled in because according to Denny (personal conversation, 24 August 2004), it was observed in the Post-Exposure Prophylaxis and Sexual Assault Study (2004) that the end of the first four weeks after the incident of rape is the crucial time in the development of acute post-traumatic stress for most of the rape survivors. Although the purpose of the study was to investigate recovery and not its opposite, it was important to be alert for identification of symptoms of acute PTSD and how women managed these on their journey towards recovery.

intention was to collect more rich data for the development of new categories, as well as to develop linkages and connections with already developed categories and subcategories from the data collected and analysed from previous sessions.

An example of the open-ended question asked during week 12 is given below.

Open ended Interview question: *In our last session, you said ... (using a summary of her previous session data). Today I would like you to tell me about how you feel now after 3 months of having been raped. I would like you to tell me about your experiences or changes that you have noticed in your life since then and how you are dealing with those experiences or changes. You can start anywhere you like, I will be recording everything you say, but you can ask me to stop if you do not want a certain part to be recorded. I will also stop and ask you to clarify some of the things that I need explained further.*

4.4.5.4. The fourth interview session

The last data collection or interview sessions lasted longer than the previous sessions at two hours and slightly more than two hours per session. The length of the interview session increased because the analysis of some data from previous sessions had resulted in emotionally laden categories such as “forgiving the perpetrator” and “forgiving self”. These categories needed to be explored further for their relationship to the developing theory of recovery from sexual assault to be assessed. This is discussed further in Chapter 5.

Exploring each of the emotionally laden categories made some of the participants emotional. That necessitated the addition of more time in order to tone down the emotional levels of those participants. This is an important phase in qualitative research, especially if the research participant looks uncomfortable and vulnerable after she has openly shared with the researcher sensitive or embarrassing issues. For example, it seemed as if some

participants felt uncomfortable with sharing their desire to see the perpetrator being punished or for wanting to confront the perpetrator. When this was sensed, the researcher spent more time probing and reassuring the participant that it was acceptable to feel that way about the perpetrator, and reassuring the participant that she could not be judged about it.

Participants were also reminded about the confidentiality of the information they had shared with the researcher. This restored their trust and sense of privacy, as stated by Ulin *et al.* (2002: 88). More time was also spent with the participants sharing their concerns with the researcher regarding participation in the research and how they would know about the outcome of the research. Their questions were answered and advice given accordingly. This is known as reciprocity, which is a practice of exchanging the information with the participants (Carolan, 2003: 7).

While the questions were structured differently for each participant based on her previous data, an example of the main question for this session is as follows:

It is now six months since you were raped. We have discussed many things which I have summarised to include the following ... (giving a list from her own data).

Today I would like you to tell me what all these experiences tell you about your recovery from that experience of being raped six months ago.

I would also like us to talk about what has helped you throughout the past six months in managing your life.

These questions were then followed by probing questions for clarification and verification.

The process for closing down while maintaining contact with research participants, as described by Ulin *et al.* (2002: 92) was used at the end of the last session. The participants were thanked for participation in the study and

for sharing the valuable information with the researcher. Permission to call them for member checking or confirmation or verification of their statements was asked for. They were also informed that they would be contacted in the future for more information or for verification of the theory developed from their data.

In theory-building studies, data collection should continue until theoretical saturation has been reached. This means that the data collection and analysis process should continue until there are no new data being discovered. However, in reality certain constraints, such as time, energy, continuous availability of participants and researcher-specific conditions, can impose limits on the length of time or number of interview sessions that one should have for data collection. If one decided to stop before data saturation has occurred, the consequences are that the resultant theory may not be fully developed (Strauss & Corbin, 1998: 292). Further data analysis and theoretical sampling on literature review and other complementary strategies were applied in the study to limit any possibilities of the development of an incomplete theory. These complementary strategies and procedures are discussed in Chapter 5.

The decision to end data collection at the end of six months was predetermined rather than determined by theoretical saturation. Most importantly, though, is that the individual case data analysis indicated that almost all participants were at more or less the same level on the journey of recovery. They were comfortable with where they were on their journey to recovery by the end of the sixth month. By the end of six months, the core category was already becoming more prominent among all data that were analysed. This was also taken as an indication of theoretical saturation, which made the researcher comfortable with the predetermined decision to stop data collection at the end of six months.

Stopping data collection at the end of six months was strategically determined in order to accommodate the individuality of the participants, and as such could not be left to theoretical saturation only.

The process of data analysis and the integrative processes that led to the development of the theory are discussed in the next chapters.

Literature was reviewed as an additional data collection source for theory development and to confirm the findings. This process led to the final stages of writing up the theory (Strauss & Corbin, 1998: 54).

4.4.5.5. Data management

The researcher took a postgraduate course in qualitative data management and data analysis in 2005 order to improve her skills. Good data analysis starts with efficient management of data (Dey, 1993: 75). This entails data that are fully and accurately recorded. In order to ensure accurate recording of the participants' data, the interviews were transcribed within the first twenty four hours after the interview. They were transcribed in the participants' language.

The translations were done by a qualified and experienced isiXhosa-English translator who not only understands both languages but is also from the same community as the participants, and therefore understood even the slang words used. Each translated English transcript was then read by the researcher for accuracy and possible loss of meaning. Identified conflicts were discussed between the researcher and the translator until consensus was reached, and corrections were then made accordingly.

The English translations were used to facilitate data analysis using Nvivo QSR. The different computer packages which were used to store and manage data included Microsoft Word for transcribing interviews, Excel for storing the demographic data and Nvivo QSR for data analysis.

4.4.5.6. Data storage

Each participant's transcripts were stored chronologically from the first interview to the last interview, in each participant's file, in Microsoft Word.

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Microsoft Word allowed for location, retrieval and separation of files as desired. For instance, data from each phase, such as week 4 or week 12 and week 24, were saved and kept together for all participants. This was done to facilitate further reformatting of data from each phase for use of Nvivo QSR.

4.4.6. Strengths and limitations during data collection

The data collection process was a smooth and uneventful process for most of the participants and the researcher. Only two out of the ten participants could not be found to finish the third and fourth interview sessions. All means of contacting them failed because they had left cell phone numbers. The cell phone numbers had been used successfully during the earlier sessions. Possible reasons could be that their cell phones had been stolen (a very common crime), or that they had consciously changed the numbers. Since they did not indicate any signs of unwillingness to participate, the reason for their disappearance and therefore discontinuation of participation in the study could not be determined.

Methodologically, their disappearance did not have any major influences on the theory building, since I cannot tell whether there were any differences between the two that disappeared and the rest of the research participants.

One participant relocated to Eastern Cape during the fifth month after the incident of rape. Fortunately, her cell phone number remained working. The researcher followed her to Eastern Cape where the last interview session was held in a hotel.

Only black women participated in the study because they were the only ones who were found in the recruitment setting. Although the recruitment setting is open to all races, teenagers from the coloured community were the only other racial group found to use the recruitment setting during that period. These did not meet the inclusion criteria.

This does not necessarily reflect that only black women are raped in South Africa. It could be a reflection that the public services are utilised mostly by black women because these services are more accessible to them. An observation that was also made was that the women were brought to the recruitment site by South African Police vehicles. This could have a negative impact among the coloured community, where there are gangsters and where gang-rapes and other forms of violence are rife. In such communities rape and any crime are not reported if committed by gang members. This could be due to fear of retaliation from other gang members or due to what is known as the Stockholm syndrome. In Stockholm syndrome, the victims identify with the perpetrators or are afraid because the perpetrator (or his gangs) threaten and have the capacity to kill the victim if the case is reported to the police. This is a pathological transference and traumatic psychological infantilism (Olshaker *et al.*, 2001: 207).

Although it was never an intention of the study to exclude women of other races, their absence from this the study provided me with an opportunity to address the phenomenon of recovery from black women's perspective. This entails using the voices of the marginalised and poor women in the development of transformative knowledge. The fact that the participants came from the same background and the homogeneity of the sample strengthens the chances of development of the grounded theory from such data.

This could be viewed as a limitation, especially because participants from other racial groups could have highlighted the typical, similar or different responses of women following sexual assault. That is useful, especially if the purpose is not to generalise, but to magnify certain characteristics (Ulin *et al.*, 2002: 60).

4.4.7. Ethical considerations

Permission to conduct the study was sought, and approval to conduct the study was obtained from the University of Cape Town Ethics Committee

(appendix F). Permission to use the two hospitals as recruitment sites (one for the pilot phase and the other for the main study) were sought from each hospital's management team responsible for the units for the management of sexual assault. Verbal permission was given after a series of meetings with each team.

The basic ethical principles of respect for persons, beneficence, distributive justice, and participants' autonomy were adhered to in the current study. The information about the study was explained to the participants and a copy of the information sheet was given to each participant to keep for her records (Appendix A).

Informed consent to participate in the study, in which the participant's rights during the study were explained, was obtained from the participant through a signed consent form. A duplicate copy of the signed informed consent form was given to the participant to keep for her own records (Appendix B).

Participant and researcher safety was observed by conducting interviews at the researcher's office rather than at the participants' homes. The perpetrators who raped these women come from the same communities as the participants. Scheduled visits from the researcher could easily have been misunderstood as related to the investigation of the crime.

Protection of confidentiality and anonymity was observed by ensuring that the study participants did not see or identify each other before and after interview sessions. Each participant was approached privately and the interviews were scheduled far apart from each other. This ensured that each participant did not know about others who were in the study.

In anticipation of potential stressful situations leading to exacerbation of post-traumatic stress, special arrangements for referrals of those women who showed or reported problems with coping or medical conditions were made. The participants were informed that should the researcher identify a need to make a referral to the health team or social worker, such arrangements would be made through the recruitment site multidisciplinary health team. Only one

participant was referred to the social worker through the recruitment site health team. She was later assessed as a candidate for sheltered employment, was given skills training and received a social grant.

Participants were given R50.00 compensation for their participation in the study and their travel costs. This is supported by Sullivan and Cain (2004:603) and Bowling (1999: 92).

After the interviews were transcribed, each of the audio-tapes was identified with the pseudonym of the relevant participant and was put in a locked storage drawer in the researcher's office for destruction at a later date, once the whole data analysis was completed. In order to ensure anonymity of the participants from the translator, pseudonyms were used on the transcripts given to the translator for translation.

4.5. Conclusion

This chapter discussed the purpose of the current study, grounded theory as the methodology of choice for the current study, and the study itself. The research process, including the pilot phase and all other phases, were also discussed. The chapter concluded with the strengths and limitations of the current study. The ethical considerations that were applied and adhered to during the current study were also discussed.

CHAPTER 5 DATA ANALYSIS

Introduction

In grounded theory, data collection and data analysis occur concurrently. In this report, however, the two processes are discussed separately for practical purposes. The general guidelines that were used as a framework for conducting data analysis were those of Strauss and Corbin (1990,1998). Certain contributions from different qualitative researchers were also used to supplement and enhance the data analysis process and improve the trustworthiness of data analysis (Ayres, Kavanaugh & Knafl, 2003; Morse, Barret, Olson & Spiers, 2002; Babbie & Mouton, 2001; Neuman, 2000; Fielding & Lee, 1998; Miles & Huberman, 1994; Strauss, 1990).

The content in this chapter is presented in three sections. This is done to demonstrate application of different data analysis procedures as part of an audit trail of the data analysis process.

Section A: Description of the data analysis procedures for conducting grounded theory data analysis as proposed by Strauss and Corbin (1990, 1998). These were used as a framework for conducting data analysis in the current study.

Section B: Description of the complementary procedures that were adopted from other qualitative researchers in order to enhance the data analysis process and improve the trustworthiness of the data analysis process.

Section C: Discussion of the application of all data analysis procedures in the current study.

5.1. Section A: The steps of grounded theory data analysis

According to Strauss and Corbin (1990, 1998), data analysis in grounded theory consists of the following major processes: open coding, axial coding, selective coding, coding for process and the integrative or adjunctive mechanisms. Although these processes are discussed separately, in real life the researcher moves between all of them during analysis. This is more common between the open and axial coding processes and later during the integration of the theory. Strauss and Corbin maintain that it is important for the researcher to recognise what he or she is doing procedurally in order to conduct the analysis purposefully (1990: 110).

5.1.1. Open coding

This is the process of discovering and identifying concepts and their properties from data. The researcher breaks down, examines, compares, conceptualises and groups data with the same meaning into categories. The aim of open coding is to open and expose the thoughts, ideas, and meaning they contain within the text or transcripts (Strauss & Corbin, 1998:102). The process is enhanced by asking questions about what each set of data represents, and then giving it a name or label. This is called labelling. Another important procedure during open coding is comparing events or incidents with each other for similarities or differences. The events or incidents which seem to have the same meaning are grouped together. This is called categorising. In essence, open coding includes two processes which usually overlap - labelling and categorising.

5.1.2. Axial coding

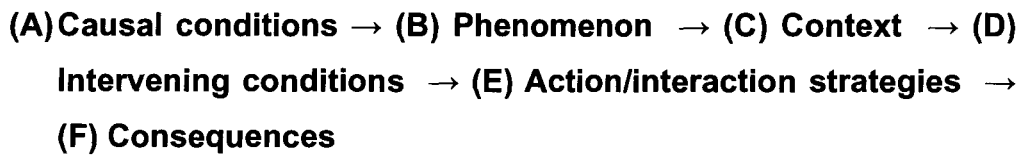
This is the process of putting data back together in new ways following the fragmentation that happened during the open coding process. This is made possible by making connections and highlighting the links between categories

and their subcategories in order to form complete explanations about the phenomenon that seemed to be revealed in the data. This is done by using the paradigm model that is proposed by Strauss and Corbin (1998: 128; 1990: 99). The whole process of axial coding is guided by asking relevant questions about data that are presented in categories in order to identify relationships between different categories, and making constant comparisons among them.

Basic components of a paradigm model

- (i) **Causal conditions:** Events, incidents, or happenings that lead to the occurrence or development of a phenomenon. They are the conceptual ways of grouping answers to the questions 'why?', 'where?', 'how come?' and 'when?'.
- (ii) **A phenomenon:** A central idea, event or happening, with a set of actions/ interactions directed at managing or handling the conditions that give rise to it. The phenomenon is identified by answering questions such as: 'what is these data referring to?' or 'what is the action or interaction all about?'.
- (iii) **Context:** A specific set of properties that pertains to a phenomenon, such as the location of events or incidents along a dimensional range. The context represents the set of conditions within which the action interaction strategies are undertaken.
- (iv) **Intervening conditions:** The broad and general structural conditions bearing upon action or interaction strategies that pertain to a phenomenon.
- (v) **Actions or interactions:** Strategies devised to manage, handle, carry out, or respond to a phenomenon under a set of perceived conditions.
- (vi) **Consequences:** Outcomes of actions or interactions. Consequences are represented by questions as to what happens as an outcome or result of those actions/interactions or failure to respond to situations by actions.

A simplified paradigm model for axial coding that is provided by Strauss and Corbin (1990: 99) is represented as follows:



5.1.2.1 Theoretical sampling

Theoretical sampling is another process used during the axial coding and selective coding in order to identify significant concepts or categories which prove to have theoretical relevance to the emerging theory. Significant concepts are those which are repeatedly present or notably absent in data. The aim of theoretical sampling at this stage of data analysis is to sample events (not persons) which are indicative of categories, their properties and dimensions for conceptual development of the theory.

Theoretical sampling in that manner should continue until the point of theoretical saturation is reached - at which there is no new information coming up from the data. It is an important stage in grounded theory development because it means that all the relationships between categories are well established.

5.1.3. Selective coding

This is the long process of integrating and refining the theory which happens over a period of time. It requires the researcher to engage fully with his or her data. During the selective coding process the significant categories which gained the status of being included in the emerging theory during axial coding are finally integrated into a larger theoretical scheme. This involves evolution of thinking and communicating about findings, which is recorded in memos and diagrams (Strauss & Corbin, 1998: 143-160). It is a process of inductive and deductive analysis of data from participants' descriptions, memos and diagrams that the researcher developed during all coding processes.

The main function of the selective coding process is to identify the core category or central category in order to integrate and refine the theory. The core category is that pulling all the others together to form an explanatory whole. It has analytical power to account for considerable variation in the categories (Strauss & Corbin, 1998: 143-160).

The selective coding process is made up of the following procedures: formulation of the story and conceptualisation of the storyline, and the discriminate sampling.

Formulation and conceptualisation of the storyline can be enhanced by using questions such as: 'What is striking me the most from these data?' , 'What seems to be going on in these data?', and 'What keeps on striking me over and over, i.e. what seems to be coming through even when it is said indirectly?' (Strauss & Corbin, 1998: 143-160).

5.1.3.1. *Discriminate sampling*

Discriminate sampling is the process within selective coding in which the researcher selectively selects the sites, documents or persons who can maximise opportunities for verifying the storyline. This may mean returning to old sites or documents or persons, or going to new ones where the researcher knows that she or he will be able to get relevant data to verify the storyline (Strauss & Corbin, 1998: 143-167).

5.1.4. *Analysing for process*

According to Strauss and Corbin (1998: 179) "*A theory without process is missing a vital part of its story*". Analysing for process is a way of tracing the outcomes or consequences of changing conditions and actions over a period of time. Coding or analysing for process must account for a flow of events that occur with the passage of time (Strauss & Corbin, 1990: 144-146).

IV. Meetings and discussions between the researcher and the research supervisors about the analytical processes used and the findings as well as the emerging theory, as recommended by Strauss (1990: 36).

V. Integrative writing up of the theory and the research report.

5.2. Section B: Complementary analytical procedures

The following complementary procedures were adopted in order to enhance the theory development and improve the credibility of the findings. Each complementary procedure was selected and applied to the current study because of its specific contribution to the process of data analysis.

5.2.1. Computer-aided qualitative analysis

The computer-aided qualitative data analysis software consists of a range of packages which are used to increase the rigour and manageability of qualitative data. These packages do not do analysis for the qualitative researcher, but they facilitate analysis by helping the researcher to organise data better, store texts electronically, and provide such information at the click of a button when it is required for analysis. Availability of the record of each node and its descriptions facilitates the coding process (Babbie & Mouton, 2001: 503).

Opponents of the use of computer qualitative data analysis packages argue that subjecting qualitative data to electronic instruments removes and alienates the researcher from her or his data (Barbie & Mouton, 2001: 504). The value of the use of computer-aided qualitative analysis software far outweighs this argument.

For instance, one important feature of a computer qualitative data analysis package such as Nvivo QSR is the ability to allow the researcher to insert memos within the text, which enhances data analysis and integration of the theory at a later stage of analysis. Another important feature is its ability to detect and alert the researcher to the presence of a code with the same name

or label. It is useful in the development of diagrams to show relationships between the different categories, and also allows for retrieval of data and free movement from analysed and raw data in the form of text and transcripts saved electronically.

The use of computer-aided qualitative data analysis software enhances data analysis. For instance, the project transcripts can be grouped into document sets which are easily retrieved for constant comparison of data during analysis. This facilitates text searches for verification purposes. The electronic availability of all documents or transcripts and records of each node and its descriptions facilitates completion of the open and axial coding processes, and therefore the whole data analysis process. This does not take away the researcher's responsibility of inductive and deductive thinking and creativity during data analysis and integration of the theory.

5.2.2. Combining the within-case and across-case approach to qualitative data analysis

In this analytical approach the researcher initially analyses data from the individual cases, and then proceeds to analyse data for commonalities across cases. Data units of similar meanings (from all cases) are grouped together in categories. Theoretical relationships and links or connections are explored among the categories (Ayres, Kavanaugh and Knafl, 2003: 827).

5.2.3. Verification procedure

This is a proactive procedure which contributes to the credibility and trustworthiness of one's findings, which are the foundation of the emerging theory. It is the process of checking and correcting errors which could nullify the findings - and therefore the emerging theory (Morse, Barrett, Olson & Spiers, 2002: 1). Conducting the verification procedure is time-consuming yet very useful for ensuring credibility of the findings and therefore the rigour of the study.

One simple verification procedure is that proposed by Miles and Huberman (1994: 64), known as the inter-coder agreement or 'inter-coder reliability'. Two research analysts code the same set of data independently as a reliability checking mechanism and code clarification mechanism. Miles and Huberman's formula for determining the inter-coder reliability is as follows:

$$\text{RELIABILITY} = \frac{\text{Number of agreements}}{\text{Total number of agreements} + \text{disagreements}}$$

A score of >70% inter-coder reliability indicates consistency and good inter-coder agreement (Neuman, 2000: 165; Miles & Huberman, 1994: 64).

5.2.4. Validation of the theoretical scheme

This is the process of validating whether the emerging theory abstractions as presented in the theoretical scheme fit with the raw data or not. This can be achieved through member checking. Member checking is conducted by qualitative researchers to ensure the trustworthiness of their research by getting the feedback of the participants, their reactions to the data and findings and their response to the researcher's interpretation of data (Holloway & Wheeler, 2002: 257).

5.3. Section C: Data analysis procedures in the current study

5.3.1. Open coding

Applying the within-case and across-case approach, the researcher closely read and analysed the complete sets of data from each of the ten participants individually at first, with the intention of identifying significant aspects which pertain to the phenomenon being studied. She then proceeded to read and compare different sets of data for similarities and differences. This is in line with the constant comparison of data in grounded theory.

Data from each participant were broken down by analysing text line by line or sentence by sentence or breaking a paragraph into segments which were then given conceptual labels or codes. The process of fragmentation was guided by questions such as 'What is this?' or 'What does this represent?'.

Most of the conceptual labels given to data in the current study were extracted directly from the words or phrases used by the participants. The labels from participants' own phrases are known as '*in vivo*' codes. Other conceptual labels were the researcher's own invention, or were borrowed from existing literature reviewed.

The extract below is used to illustrate the development of the different conceptual labels or codes that were given to data during the open coding process:

"Thanks Sine, I can say I am really ***becoming better each day***.¹ I still cannot stop thinking about that man ***and what I could have done to him to make him do that to me***.² You know that day, I was so ***afraid to die***, to be raped and was concerned and still am ***with the anger that for some reason I invoked in that man***.²

My father is in Eastern Cape, ***we have not told him and we are concerned about his reaction since we lost our mother last year, he may not take it well***.³ ***I have not told my boyfriend who is also in the Eastern Cape and I'm not sure how he would take it. I guess time will tell whether to tell him or not to or when to tell***.³ We speak over the phone ..."

EXPLANATION OF CODES

1. The statement identified as (1) in the above extract was given as an '*in vivo*' conceptual label "***Becoming better***", because it was a direct phrase from the participant.
2. The statements identified as (2) in the above extract were both given the same label, "***Blaming self***", from the researcher's own invention, which was borrowed from existing literature on sexual assault survivors' coping strategies following sexual assault.

3. The statements identified as ⁽³⁾ in the above extract were both given the conceptual label “**Selective disclosure**” - the researcher’s own invention.

During further open coding, ideas with similar meanings were grouped together or under a similar conceptual label, later used to form categories and subcategories. This marked the end of the first step of conceptualising data in preparation for further analytical processes.

5.3.2. Verification process

For verification purposes, the inter-coder researcher was identified and appointed based on the following criteria:

- ❑ She held a Ph.D. qualification;
- ❑ She had conducted commissioned qualitative research and was familiar with the grounded theory coding procedures;
- ❑ She had supervised Master’s and doctoral degree students; and
- ❑ She was conversant with the post-colonial black feminist approach to knowledge development and research.
- ❑ She was a Black woman and came from the same professional and cultural background as the researcher. She also shared the same cultural background as the research participants.

The inter-coder researcher was given the complete set of transcripts from all research participants for open coding, using the grounded theory procedures. The two researchers met at a later date to check for the consistency of their coding. The inter-coder reliability score of 80% was achieved based on Miles and Huberman’s formula, as illustrated below:

The calculation of the inter-coder reliability score was as follows:

$$\begin{aligned}\text{RELIABILITY} &= \frac{160 \text{ agreed upon codes}}{160 \text{ total number of agreed upon coded} + 40 \text{ disagreements}} \\ &= 160/200 = \mathbf{80\%}\end{aligned}$$

The achievement of the inter-coder agreement was a necessary step before proceeding to the axial and selective coding processes to ensure that the emerging theory would be based on a good conceptual framework.

5.3.3. Use of the computer-aided qualitative data analysis package

The computer-aided qualitative data analysis package that was used in the current study was Nvivo QSR.

Using Nvivo QSR, the researcher created a project file which contained all documents from the participants in chronological order, i.e. from the first interview transcript to the last interview transcript for each participant. This ensured proper data management and storage of almost 40 transcripts in one easily retrievable format. The researcher was able to move from different documents for constant comparisons at the same time, because all documents were electronically available at the click of a button.

During the open coding, text was coded as free nodes which were either the '*in vivo*' conceptual labels or the researcher's own created conceptual labels. The free nodes at first looked like a 'shopping list' of words or phrases. The free nodes were then grouped to form tree nodes, according to the relationships that were found between them. The tree nodes showed relationships between conceptual labels with similar meaning. The tree nodes were further joined to form 'parent nodes' according to their relationships. Through this procedure the categories and the related subcategories were formed and identified for further analysis.

During the axial coding different types of memos were inserted in the text for further analysis. An example of the few examples of the memos which were inserted in text is provided in appendix J. The insertion of memos in the text ensured that the researcher's interpretations of data and further questions or reflections were easily identified for further deductive and inductive analysis whenever needed.

During selective coding the memos inserted into analysed documents or transcripts were easily retrieved and used for the identification of the core category. Nvivo QSR was also used to create diagrams that showed linkages and relationships between categories and their subcategories.

Nvivo QSR enhanced and facilitated data analysis in the above manner, but the deductive and inductive thinking and critical analytical processes had to be carried out by the researcher independently. The researcher 'fed' the Nvivo QSR with data such as the conceptual labels as nodes and grouping of these into tree nodes or parent nodes. This only happened after the manual data analysis was done by the researcher through reading and rereading of text and manually labelling text accordingly.

5.4.4. Axial coding

Using the paradigm model that was explained earlier, data were further analysed and organised by identifying the relationships and linking connections between categories and also between each category and its subcategories according to similarities or differences in their meanings. This was achieved by using the constant comparison of data and asking theoretical questions such as 'What is happening here?', 'What has happened for this to occur', 'What is the relationship between this piece of data (category) and the next one?' and 'How does this piece of data differ from the other ones?'.

The answers to the above theoretical questions and constant comparisons were then used to systematically group the categories and their subcategories within the relevant aspects of the paradigm model, as indicated in the example below:

5.4.4.1. Causal conditions

The answers to the questions and comparisons about what leads to the occurrence or development of the phenomenon of the woman's journey of

recovery from sexual assault trauma resulted in identification of the causal condition category "the personal biographies" and all its related subcategories.

5.4.4.2. The phenomenon

The answer to the question about what is happening or what is the main phenomenon identified from data analysis led to identification of the "**journey of recovery from sexual assault trauma**" as the main phenomenon or the central idea. All the actions and interactions that were further discovered during the analysis of data related to the actions and interactions of the participants in handling or managing the journey of recovery from sexual assault.

5.4.4.3. Context within which the phenomenon occurred

These were identified by answers to the questions about where and the conditions under which the phenomenon - "journey of recovery from sexual assault trauma" - occurred or happened. Related categories under the context within which the phenomenon of the journey of recovery occurred were identified, and the relationship between the categories *supportive or non-supportive environment and relationships* were highlighted in the conditional matrix within which the journey of recovery occurred.

5.4.4.4. Intervening conditions

These were identified as answers to the questions about conditions that interfered positively or negatively with the women's journey of recovery from sexual assault trauma. The category of positive intervening conditions was identified as the supportive environment and all its related subcategories. The category of the negative intervening conditions was identified as the non-supportive environment and all its related subcategories.

5.4.4.5. Action/interaction strategies

The answers to the questions and comparisons about strategies or actions that were undertaken by the participants to handle or manage the phenomenon were identified and categorised accordingly. These categories later formed the eight theoretical concepts of the emerging theory of women's recovery from sexual assault trauma and their related subcategories. The eight theoretical concepts of the theory are:

- the sexual assault trauma,
- awakening,
- pragmatic acceptance,
- turning point,
- regaining what was lost,
- defining own landmarks for healing,
- readiness for closure, and
- returning to self.

5.4.4.6. Consequences

Answers to the questions and comparisons of data about what resulted from the actions were identified as subcategories under each of the eight categories or concepts of the emerging theory.

NB: The paradigm model above represents a final version of the axial coding process which followed repeated revisions.

Theoretical sampling was undertaken at this stage by identifying and sampling only those concepts which had gained the status of categories or subcategories and those which had theoretical relevance for inclusion in the emerging theory, such as the category 'readiness for closure'. The subcategories under this category, e.g. 'seeing the rapist rotting in jai', 'seeing him pay for what he did to me' and 'willingness to confront the rapist', as

conditions for closure led to further theoretical sampling of literature that supported or disputed the notion that this could result in closure.

The emerging categories and their properties and dimensions were constantly proposed and verified with subsequent data collection from other sources such as literature review and specialists in sexual assault management, until a point of theoretical saturation was reached. Theoretical saturation is regarded as an important stage in grounded theory development because it means that all the relationships between categories are well established. Theoretical saturation was reached when the categories were regrouped and reduced to the set of eight significant and relevant categories for inclusion in the emerging theory and there was no new information coming up from data.

Reduction allows categories to be expressed at a greater level of abstraction (Fielding & Lee, 1998:31). The reduction process resulted in the emergence of the eight main concepts of the theory of women's journey of recovery from sexual assault. Reduction was an important step towards consolidation of the emerging theory development.

The axial coding process resulted in an organised and systematic set of categories with clear connections and links to the emerging theory. This is illustrated in the diagrammatic presentations of the theory and the narratives in the findings (see Chapter 6).

5.4.5. Selective coding

This was the longest and most intellectually demanding task for the researcher. It required intensive immersion into the data and involved continuous deductive and inductive reasoning. It involved a lot of moving forwards and backwards from analysed data to raw data in order to identify the core category which could integrate and refine the emerging theory. It was also the most exciting part of the whole project because the categories that seemed related and connected during the open and axial coding needed one

main category that could account for the variation in patterns of behaviour in response to the phenomenon of the journey of recovery from sexual assault trauma.

In order to identify the core category a storyline was formulated and conceptualised from the available analysed data, by using the following questions:

- “What is striking me the most from these data?”
- “What seems to be going on in these data?”,
- “What keeps on striking me over and over, i.e. what seems to be coming through even when it is said indirectly?”.

The researcher returned to coded and raw data for identification of the story and conceptualisation of the storyline. In order to verify the storyline, the researcher was constantly thinking about and communicating with data and with findings which were recorded in memos and integrative diagrams. Ideas about the emerging categories were also exchanged between the researcher and the research supervisors.

The questions and constructive feedback from research supervisors and the researcher’s mentor stimulated and sharpened the researcher’s sensitivity to her interpretation of data. This was also found to be helpful in unlocking her creativity in grounding the theory on data and the development of the diagrammatic presentation of the emerging “journey of recovery from sexual assault trauma” grounded theory.

Discriminate sampling of the non-technical literature resulted in identification of a report on research done on therapeutic jurisprudence and its influence on recovery or healing from sexual assault (Combrinck & Skepu, 2003). This report validated the survivors’ yearning to see justice being done as a subcategory for the category ‘readiness for closure’.

As part of the discriminate sampling, the storyline was also shared with an experienced clinical nurse and doctor who worked with sexual assault

survivors at a local sexual assault management centre. They both concluded that the storyline was similar to observations that had been made about rape survivors in general.

The category 'turning point' was identified as the core category, because it exhibited the power to pull all the categories together through its connections and linkages with the others. Through its different dimensions, as illustrated below, it exhibited the power to account for the variation in the pattern of behaviour in response to the phenomenon of recovery from sexual assault. It explains the variations in progress made by different participants in their journey of recovery. The 'turning point' is central to all major categories in that at any point during the journey of recovery, the participant can make a forward or backward movement, depending on the intervening conditions and other triggers.

An illustration of the dimensions of the core category the 'turning point' is presented below.

Dimensions: Direction – backwards or forwards, clockwise or anti-clockwise

Pace – slow or quick

Impact – positive or negative

The core category, the 'turning point' met the criteria for selection of a core category as set by Strauss (1990: 36) because of the following:

1. The core category fits and describes the phenomenon being studied. The phenomenon of the journey of recovery from sexual assault involved all the dimensions of the core category 'turning point', including different directions in the journey.
2. It is broad enough to encompass and systematically relate to all categories and subcategories. 'Turning point' is broad enough and systematically related to other categories of the emerging theory.
3. It is central to all major categories and their properties. It is also able to account for the variation in the pattern of behaviour in response to

the phenomenon. The 'turning point' had potential to account for the progress or regression experienced by different participants.

4. It can be related to a more general theory, such as the theory of recovery from other forms of trauma.

Once the storyline was established and verified with relevant experts and the study participants, no new modifications were made to the emerging theory, except to integrate the theory using the integrative procedures discussed below. A copy of the storyline is provided in Appendix L.

5.4.6. Integration of the theory

Making the theory come together involved using different procedures and strategies in order to ensure that the theory was well integrated and grounded on the data. It called for creativity on the part of the researcher in representing data in an abstract and conceptual substantive theory grounded on the women's descriptions of their experiences during their journey of recovery from sexual assault trauma.

The different procedures that were used as integrative mechanisms in this study included the following:

- ❑ Analysing for process and tracing the theory path
- ❑ Reviewing and sorting memos
- ❑ Drawing integrative diagrams and the conditional matrix/consequential matrix to show relationships, gaps and holes within the emerging theory
- ❑ Validation of the theory
- ❑ Integrative writing up.

5.4.6.1. Analysing for process and tracing the theory path

The woman's response to the event of rape, her actions or interactions and the change in conditions influencing those actions or interactions over time were analysed. The consequences of any changes were also analysed. The

outcomes or consequences of changing conditions and actions were traced systematically to provide the flow of events over the period of six months. This led to or confirmed the emerging theory.

Illustration of the process within the theory path

Rape event (triggering event) → awakening (action) → pragmatic acceptance (action) → turning point (action) → regaining what was lost (action) → defining own landmarks (action) → readiness for closure (action) → Returning to self (consequences or desired goal).

5.4.6.2. Reviewing and sorting of memos

The content of the memos that were kept during the open and axial coding were sorted and reviewed systematically in order to validate the relationship between different categories and to integrate these into an emerging theory.

5.4.6.3. Integrative diagrams and the conditional matrix/ consequential matrix

The diagrams were also used to aid the integration of the theory and to distinguish the links and connections and levels of intervening conditions on the phenomenon of women's recovery from sexual assault trauma in the form of a conditional matrix (figure 6.2).

5.4.6.4. Validation of the theoretical scheme

For validation of the theoretical scheme and member checking, five of the participants who were still telephonically accessible to the researcher were contacted and invited for a session to validate the theoretical scheme and the storyline. Each was given the theoretical scheme and the storyline during an individual meeting with the researcher, to read and identify each concept of the emerging theory with the content of the storyline. The researcher explained each concept on the theoretical scheme in isiXhosa and explained that this was a result of information from all participants and not just one

person. Each participant was given an opportunity to ask questions where necessary.

They had to identify whether the theoretical scheme and explanation given by the researcher represented or seemed to fit with their experiences during the six months of the study period. They were asked to write down their responses as part of the research and for record-keeping purposes. Their responses are provided in Appendix H.

Their responses confirmed the researcher's interpretation of their experiences, and thus the emerging theory was also confirmed.

5.5. Academic Rigour

The researcher selected to take the long route of giving detailed explanation and descriptions of each and every step taken during data analysis in order to demonstrate how the four criteria for judging trustworthiness were met in the current study.

Trustworthiness in qualitative research is a concept that was coined by Guba and Lincoln in 1989, as an alternative to the criteria of reliability and validity which is used in quantitative studies. It refers to the truth value as well as the methodological soundness and adequacy of the research, which is judged through the criteria of credibility, confirmability, dependability and transferability (Holloway & Wheeler, 2002: 250; Ulin *et al.*, 2002: 31).

Credibility is often referred to as the truth value. Its focus is on the confidence in the truth of the findings. It relates to how the participants can recognise the meaning they gave to the situation. That includes how the researcher's interpretation of data is compatible with the perceptions of the study participants (Holloway & Wheeler, 2002: 256; Ulin *et al.*, 2002: 31).

The credibility of the findings of the current study was verified and confirmed through the member checking and validation of the theoretical scheme and storyline discussed above.

Confirmability is a way in which the findings and conclusions of the study achieve the aim of the study and are not the result of the researcher's prior assumptions and preconceptions. This refers to knowing that the researcher maintained a clear distinction between his or her personal values and those of the participants through the use of reflexivity (Holloway & Wheeler, 2002: 256; Ulin *et al.*, 2002: 31). Reflexivity is the researcher's acknowledgement of his or her role and influence on the research project (Carolan, 2003: 7).

The researcher's philosophical assumptions are provided in Chapter 2, where she exposed her philosophical assumptions and values which may have influenced the research project.

Dependability refers to systematic consistency and accuracy in the implementation of the canons of qualitative methodology. It also refers to the clear and logical connections between the research purpose and the research design in order allow the report readers to evaluate the adequacy of analysis by following the researcher's decision-making processes and his or her detailed description of the research context (Holloway & Wheeler, 2002: 254; Ulin *et al.*, 2002: 31).

The structure of chapter 3 in which the researcher provided discussion of Strauss and Corbin's (1990, 1998) data analysis procedures, other complementary data analysis procedures that were adopted in the study and the actual application of each of the discussed procedures in the current study, was provided to demonstrate the accuracy in the implementation of the canons of the grounded theory methodology.

Transferability refers to the ability to transfer the study findings in one context to similar situations or participants. According to Ulin *et al.* (2002: 32), transferability also refers to the application of lessons learned from one qualitative study to other contexts, if the sample has been selected carefully to

represent the experiences which reflect the key issues in the research problem.

The lengthy discussions in Chapter 3 and 4 including data collection methods and pilot study process information, were provided in earlier chapters as means of sharing all the lessons learnt with other researchers. The participants are introduced to the reader in appendix G as the researcher's account of all contextual factors of the research.

5.4. Conclusion

This chapter discussed all analytical procedures used during the discovery and development of the grounded theory of the women's journey of recovery from sexual assault trauma. The theoretical scheme, the concepts or categories of the theory and the narratives as women's voices are all presented in the next chapter of findings.

CHAPTER 6 FINDINGS

Introduction

This chapter is divided into two main parts. The first is the description of the sample. The second presents the findings according to the theoretical concepts derived from the data, as well as relevant and supportive excerpts from participants' responses.

6.1. Sample description

The sample consisted of ten women who had been sexually assaulted, including three women who were recruited for the pilot phase. Their ages ranged between twenty and thirty-four years. Only two of the participants were married, but one of them was separated from her husband, who also is the person who sexually assaulted her while in the process of separation. Six participants were in stable intimate relationships. One participant was in the process of ending an intimate relationship when she was sexually assaulted by her intimate partner. One participant was widowed and not in an intimate relationship.

Six participants had a post-secondary level of education and three had qualification certificates, but only five of them were employed. One was unemployed but supported by her late husband's provident fund. Of the other four participants who were not employed, three were financially supported by their relatives, including mothers and sisters who were employed mostly as domestic workers. One participant received the Social Welfare Grant for her two children. Household income was not determined because participants declined to answer the question in relation to their household income.

All participants belonged to a Christian religion, although not all were actively participating in church activities. One participant indicated belief in both African traditional and Christian religions.

Seven of the participants were sexually assaulted by strangers. Two women were sexually assaulted by their intimate partner when they were trying to end the relationships with them (the intimate partners). One woman was sexually assaulted by an acquaintance whom she had met earlier and had alcoholic drinks with at a neighbourhood tavern. They were seen together leaving the tavern at night.

One participant sustained major physical injuries during the sexual assault. These included stab wounds and choking. Her eight-month-old baby was abducted and murdered by the rapist. He later claimed that he and the participant were lovers and they both murdered the child in order to obtain his body parts for sale to the witchdoctor for witchcraft practice.

All participants had reported their case of sexual assault to the police. Only three sexual assault perpetrators were caught by the police by the end of the study period. These were only those who were known or related to the participants, e.g. boyfriend, husband and acquaintance. The fourth perpetrator was caught by the community and brought to a 'kangaroo court' where he was beaten to death by community members.

Introduction of the participants to the reader is provided in Appendix G.

6.2. Part 2 Findings

In this part, the findings of the study are given in different sections and formats. The first format is Figure 6.1, which is the theoretical scheme of the theory of "Women's Journey of Recovery from Sexual Assault Trauma". The second format is a table that summarises all categories that made up the eight concepts of the theory. The other sections of the findings are a discussion of each of the concepts of the theory, and relevant excerpts from the participants' data.

The purpose of the study was to explore and analyse the journey of recovery which is undertaken by women who have been sexually assaulted, with the aim of discovering the grounded theory of recovery from sexual assault within the first six months following the event of rape. The main research question was: 'What is the journey of recovery that is undertaken by women within the first six months following sexual assault?' Another question was 'What is the meaning that women attach to recovery?'.

The substantive theory was discovered and constructed through the inductive and deductive analysis of data which was grounded on the ten women's descriptions of their journey of recovering from sexual assault. The theoretical scheme is presented in Figure 6.1.

The findings of the study are divided and discussed under eight sections. Each section is a discussion or presentation of the concepts or categories and related subcategories of the theory. These concepts are:

1. Sexual assault trauma
2. Awakening
3. Pragmatic acceptance
4. Turning point
5. Reclaiming what was lost
6. Defining landmarks of healing
7. Readiness for closure
8. Returning to self.

The context and the intervening conditions that influence the journey of recovery from sexual assault trauma throughout the different steps were interpreted and grouped as follows:

1. Personal biographies, such as the participants' cultural and religious beliefs, values, experiences and fears – such as the fear of HIV infection from being sexually assaulted – aspirations and personalities.
2. Supportive and non-supportive behaviours of significant others and service providers.

3. Supportive and non-supportive environment, including family, community and society, as well as the health, legal and social system.

The presence or absence of one or more of these influences the journey of recovery from sexual assault for each individual differently.

The context and intervening conditions are illustrated in Figure 6.2: Conditional Matrix of Context in the Journey of Recovery.

Women's Journey of Recovery from Sexual Assault Trauma

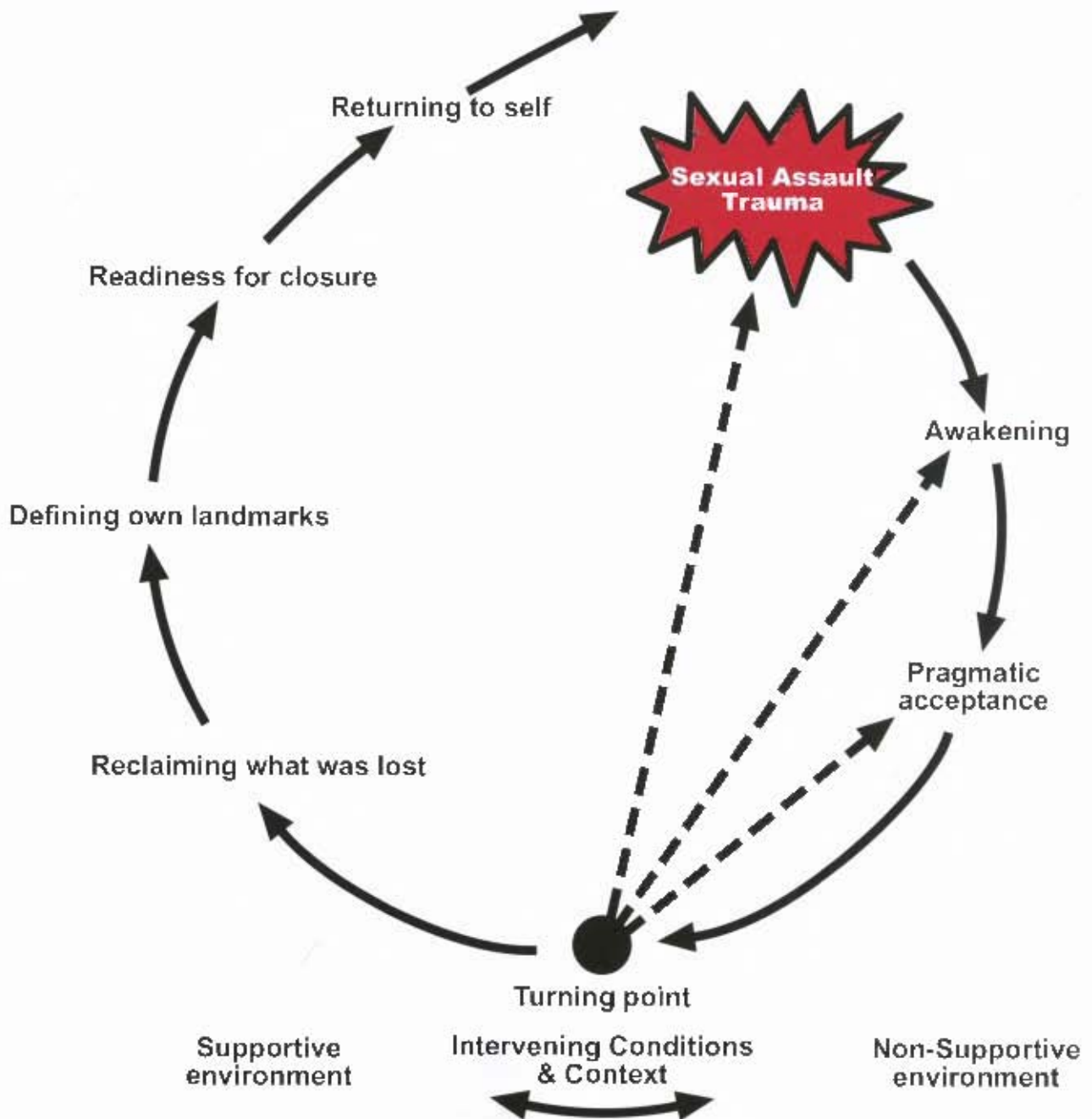


Figure 6.1: Women's Journey of Recovery from Sexual Assault Trauma

Table 6.1: Categories and subcategories of the theory

Category	Subcategories
Sexual assault trauma	Mental paralysis, inability to move, lying motionless, inappropriate thinking, not knowing what to do, loss of control
Awakening	Realising what has happened, self-blame, blaming God, feeling guilty, not believed, seeking help, selective disclosure, relying on someone for control, conflict of own beliefs, complying or not complying with management
Pragmatic acceptance	Rationalising rape, rape as God's plan, rape as a tool of war, rape as something happening to good and bad people
Turning point	Taking control or not taking control, defining self as survivor or remaining a victim, taking a forward direction or taking a backward direction, symbolic actions, regression to previous steps
Reclaiming of what was lost	Acknowledging what was lost and trying to reclaim it, lost of freedom to walk freely, loss of trust of others, loss of self-defence, forgiving self. Actions or strategies to reclaim what was lost included the following subcategories: reconnecting with self, bringing back my freedom, reconnecting with my spiritual self, "decontextualising" rape from sexual intercourse, praying for healing, learning to trust again, and self-protection, taking precautions all the time, forgiving self, stopping blaming self
Defining own landmarks of healing	Having a good appetite, gaining weight, improving physical appearance, talking about the event of rape without feeling pain, acknowledging time for grieving process, getting off the grieving period, readiness to confront the rapist, readiness to

Readiness for closure	<p>forgive the rapist</p> <p>Desire to see justice done (legal or religious justice), questioning complete closure, getting over the rape, future plans and starting afresh, partner obsession with revenge</p>
Returning to self	<p>Identifying the goal to return to self, redefining self as a survivor or new person, identifying aspects of self to return to, acknowledging the intrusiveness of memories, returning to old self, wanting life back, wanting own identity back, selection of helpful strategies to return to self, to be an ideal self, planning for the future</p>

The Conditional Matrix of Context in the Journey of Recovery

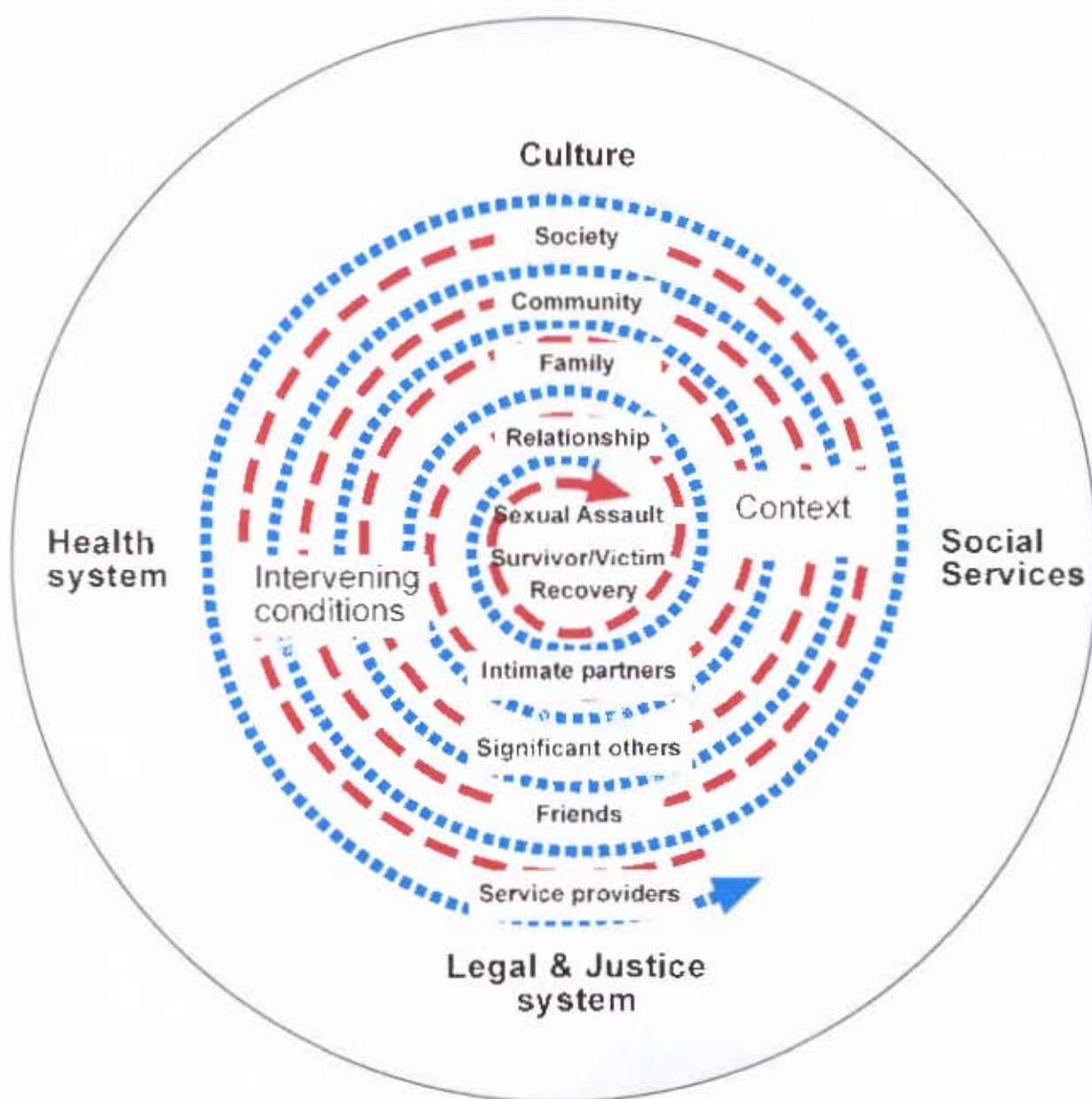


Figure 6.2: Conditional matrix of the context

6.2.1. Sexual assault trauma

Sexual assault trauma was identified as the first concept of the theory of recovery from sexual assault. Its related subcategories include mental paralysis, being powerless, lying motionless, inappropriate thinking, not knowing what to do and loss of control of one's life, which all lead to the development of the 'awakening', which is the next concept of the theory. The main category of the concept of sexual assault trauma, 'mental paralysis', is an immediate state in which the participant finds herself during the sexual assault event and immediately thereafter.

Mental paralysis is derived from two terms, "mental" which is defined as "of the mind" and "paralysis" with a figurative meaning relating to a state of utter powerlessness (The Concise Oxford Dictionary of Current English, 1964: 760, 880).

In the excerpt below, one participant illustrates '**a state of mental paralysis**' as follows:

"When he finished his disgusting act, he got up, cleaned himself with my husbands' socks and left us there lying down. My husband was still lying with his hands and feet tied. I did not even think of untying him. I just lay there for some time. I could not move or think. My whole body was just heavy. Meanwhile my husband, shame, was trying to untie himself without my help. This took some time, I think about No I am not sure how long really. The next thing, I heard my husband who had finished untying himself, I don't know how, instructing me to dress. I then realised that there was nothing wrong with my body, I could move."

Another participant described the same experience as follows:

"I just lay there motionless. He came back and said, 'Good, you are still here'. He continued from where he left, Sine. I am sure he thought I really wanted him to continue. He did his thing until he was satisfied. ... He left me there and disappeared. I stood there naked for some time before even remembering my 3- year-old daughter who had been sleeping with me in bed."

For some participants the 'state of mental paralysis' started even before the actual sexual assault event, as described by the participant's description below:

"He said 'Bring the bag here!'. I gave him my bag. He searched for whatever inside and threw it back to me. Well, I thought that he is going to let me go. He then said 'Ride on to the bicycle'. This did not make much sense, but I found myself getting on the bicycle. He then cycled with me as if I was a parcel that he was carrying. I could feel tears coming down my face, but I could not think straight. ..."

At the 12-week interview session, this same participant referred to the 'state of mental paralysis' that she was in as follows:

"Even me, I think I have stopped blaming myself. There were times when I used to think, I could have used opportunities to fall off the bicycle or scream, or do something to fall off or attract the attention of the people that we were passing on the way, but I did not. But now I have resolved that I could not have done anything because I was numb all over. I had no power in me to do anything."

Women's Journey of Recovery from Sexual Assault Trauma

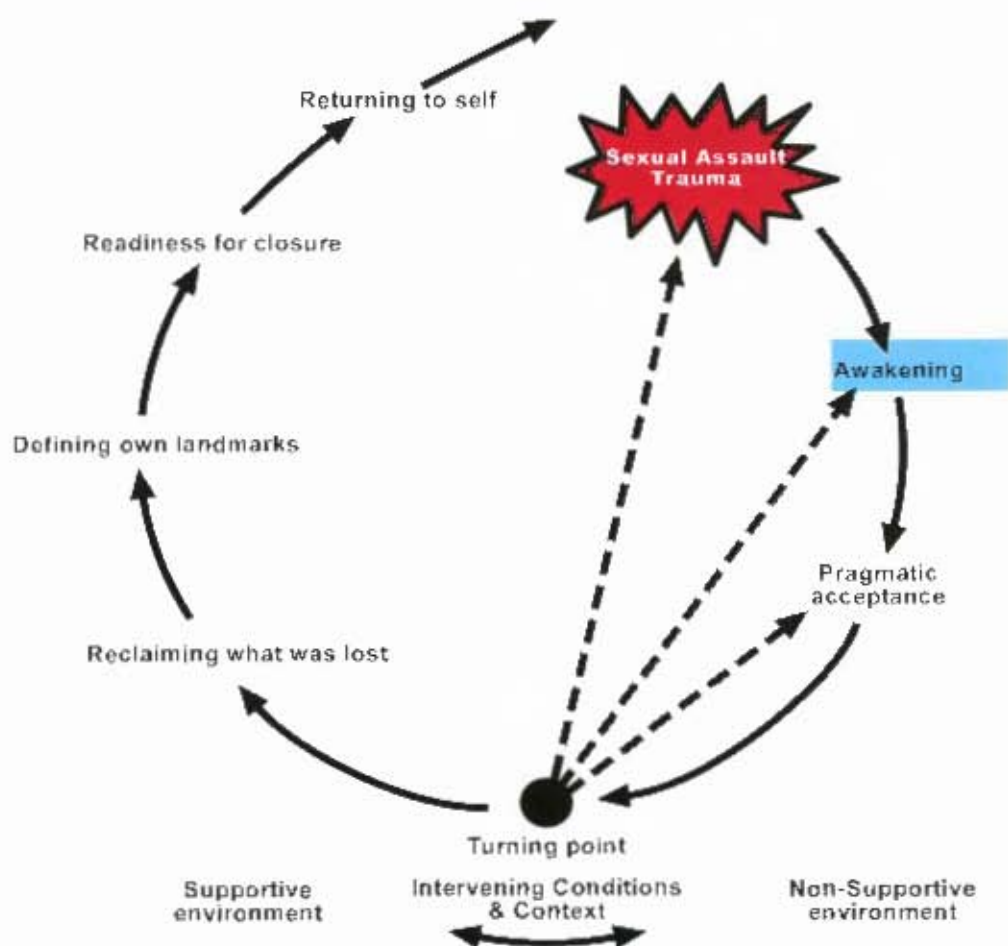


Figure 6.3: Awakening

6.2.2. Awakening

The concept 'awakening' is derived from the definition of awakening which comes from the word 'awaken'. Awaken means: to cease to sleep, becoming conscious of or being aroused from sleep. The figurative meaning of the term 'awaken' is "to become active" (The Concise Oxford Dictionary of Current English, 1964: 81). The concept 'awakening' in the theory: women's journey of recovery from sexual assault trauma, was constructed from the latter meaning.

The subcategories under this concept include self-blaming, blaming God for allowing rape to happen, guilty feelings and being blamed, allowing someone to take control, conflict of beliefs, seeking help and selective disclosure, i.e. determining what to tell about the event of rape, how much to tell, who to tell and when to tell about the event of rape. Selective disclosure can also mean deciding whether to tell or not to tell at all.

Awakening is the first step in the women's description of their journey of recovery. During awakening, the woman realises the repercussions of rape, and starts considering what the incident of rape means to her. During awakening, most women allow someone else, such as the police or the health professionals or relatives, to take control of the situation. The relatives or health professionals or the police are the ones who make decisions about what should happen. The women appear not to be in total control of what is going on, and are likely to be dependent or to rely on the other people's decisions or advice.

Self-blaming and **blaming God** are illustrated in the two excerpts below:

"After that I arrived at home blaming myself, regarding myself as useless. After the church service, I should have gone straight home and not gone to the party with Pamela [friend, not her real name]. I should not have slept at her place. I kept asking myself why God allowed this to happen to me."

"I know that my thoughts are bad. It's like I am doing God's work because God can help me forget about all this. He can help me become better. He can help me not to get AIDS but sometimes it's difficult because I still ask myself why He allowed this to happen to me. Do you think I am confused?"

Another example of **self-blame** is illustrated below:

"I still cannot stop thinking about that man and what I could have done to him to make him do that to me. You know, I am still concerned with the anger that for some reason I had invoked in that man."

Another participant expressed her **self-blame** as follows:

"I had thought that he will leave me after the rape, worse, we had just got married for 2 months. I was blaming myself for what happened to us, and I felt that he [husband] was really going to leave me for that and would not love me at all."

Guilt feelings and **being blamed** were expressed by a participant whose child was kidnapped and murdered by her rapist after she had been seen with the rapist in the tavern drinking alcohol:

"The person who is cruel and mean to me, Sine, is my partner, the father of the child. We quarrel all the time when he comes to see me. He asks me how I could have gone out with a stranger and give his child to him. He accuses me of having collaborated with the rapist to kill my own child. He has bought into the rapist's story that we were lovers and I agreed to him killing my child for muthi [witchcraft practices]".

The following extract illustrates **selective disclosure**:

"Yah! There is something that happened and upset us. One of the sisters-in-law (married to my husband's older brother) told other people about the rape incident. This made us very upset, especially my husband. For the whole night when we had heard about this, he could not sleep. He kept on asking me how someone could take such a private family matter to outsiders. I thought that this was supposed to be kept within the family at least for now."

For a participant who also found out that she was HIV-positive, **selective disclosure** was very important, and she knew exactly who should be told what and how. She selected what or how much to tell the members of her family and those of her live-in boyfriend:

"I have not told my sister about the HIV results and we [she and her boyfriend] have also decided not to tell my mom who is in Eastern Cape about the rape. She has just lost her sister and now this! I am not ready to tell my sister and her husband (who are like parents to me here in Western Cape) about HIV results. In fact even the rape thing, I would have preferred to keep it to myself. I think one can deal with such things personally before getting others involved. Okay! Now that they know, I have told them not to tell mom. I also asked my partner not to tell his family about any of this."

A statement by a participant whose case of rape was in the media, including the national and local newspapers and local radio stations, indicated that she would have preferred the matter to be kept within the family as follows:

"My story was laid all over the newspapers, I had no say about who I wanted to tell about it. Everybody just knows about it in the whole community. I am not complaining, but if I had a choice, I would have had it differently. Even my younger siblings read about it on their own, I would have preferred to tell them myself."

However, the same participant later related a benefit of the fact that her story was in the paper:

"Perhaps it was good that my story was all over the papers and the radio, because people are supporting me. I had no choice about keeping it private because of the way it happened. Everybody knows about it now."

Another woman related her selective disclosure and fear of being blamed as follows:

"I have not told my dad, because he does not care about me anyway. If my grandmother was here, I would have told her. I cannot tell my mother because she is in the Eastern Cape and she has heart problems, I will tell her when I am ready. I can't tell others because they will be 'wrong with me' maybe asking what I was doing there at that time. I have told some of my

control of the situation and arranged for what they thought was the best for the participant:

"I got up and ran and ran out of the bushes until I got to the road. The first people I saw on the road were two men. They came towards me as if to help, but I tried to run back to the bushes. This other guy came forward and said 'no I won't hurt you, you are in such a frantic state, what has happened to you?'. I could not answer, tears just flooded my eyes. He used his mobile phone and phoned the police, and fortunately there was a police van which was passing the same street. They came across and took me to the police station. I called home and my brother's girlfriend (the one you saw at Thuthuzela) came and joined me. Later we were taken to Thuthuzela where you met us. I know they explained, but I was just following what I was told to do."

Another example of the decisions taken by the health professionals on behalf of the participant was referral for counselling, as illustrated below:

"Another thing, I went to the counselling session at Litha Park as I was referred by the nurse at Thuthuzela. I did not know anything about counselling, but I went as suggested by the nurse".

Another example describes the social worker's involvement in assisting the participants to prepare for the court hearings:

"I am happy now, I received the letter from the social worker from Karl Bremer Offices (a referral hospital). It says that they will prepare me for court appearance. When I told the nurse at Thuthuzela that I was afraid to talk about rape in court, she said she would get me someone to help me. I did not know that she could really do that for me. They just took care of all my needs."

6.2.2.1 Contextual and intervening conditions

The subcategories that related to the intervening conditions and were linked to the category or concept 'awakening' were identified as individual's biographies, such as personality, and previous experiences and beliefs about rape.

For instance, 'seeking help' and 'selective disclosure' were found to be influenced by the individuals' biographies, such as personality, previous experience and beliefs about counselling (such as previous experience with counselling).

The illustration below shows how a bad experience with one counsellor affected the participant's future views about seeking help from counsellors:

"I am not for counselling; I don't think talking to a stranger about my problems will make a difference. No! Really, I don't think so. For instance, at the police station there was this volunteer woman to counsel me, she told me not to cry. Like ... you have arrived at the police station, there is nothing that will happen to you now. I mean really, is that the way to counsel a person? When you are raped, you are traumatised, you are dealing with real issues, and you don't need a person like that volunteer at that time."

Another negative experience with a counsellor was described by a participant as follows:

"I only went once for counselling, and found that I did not gain anything. That woman asked me questions that I did not like, like 'don't you want to get back with the person?'. I mean, someone who that abused me? I could see that she was just curious for news and not asking because she wanted to help me. I don't think she knows how it is like to be raped by a person who was also your lover. Maybe I was her first case, who knows? I just stopped going there."

The contextual condition regarding **seeking help** and other related subcategories of awakening that was common among all participants was their seeking help from the police before going to the health care centre. None of the participants withdrew their rape case. The only linking contextual interpretation for this was that sexual assault was regarded primarily as a crime and not a health issue by most of the participants or the individuals who took control of the women's lives following sexual assault trauma.

The personal biographies of each individual also influenced the participants' reasons for continuing with the case instead of withdrawing them. None of the participants withdrew the case, despite pressure from significant others, as illustrated in the excerpt below.

"No, they still support me, when they say I must forgive him and withdraw the charges I decided not to take their advice just because they have supported me throughout. They were supportive throughout - I don't think they can dump me at the end, just because I refuse to forgive him. I mean even my close friends say I must forgive him and withdraw the charges against him. They say they do not think that he will do anything to me because he had regrets when he was sent to jail. I am still thinking whether to withdraw the charges or not because of his family. I can withdraw the charges if the heart of a person could be opened to read and see whether he is really repenting because I don't have energy for him."

6.2.2.2. Actions and interactions

Most of the subcategories under the concept 'awakening' which were linked or related to actions and interactions that the participants undertook during the phase of awakening of their journey of recovery from sexual assault trauma included the following: compliance or non-compliance with the treatment or recommended management procedures, such as counselling, returning for further blood tests and the PEP management protocol. This is illustrated by the following excerpts:

"I never went for the second results in March. Maybe I will ask them to take them when I go to the Antenatal Clinic next month. I just did not feel like it anymore! So perhaps I can say I have not moved that much from where I was with my healing."

"I have not gone to check my HIV blood results. I have no money and I don't feel like knowing them yet."

Actions and actions with regard to recommendations to seek counseling were demonstrated as follows:

"I think it depends on a person but I didn't go for counselling in general, I just went for the spiritual one. One maybe can need general counselling, I chose the spiritual one. I thought that just like I was getting the treatment for preventing diseases, I needed to get spiritual care in order to heal completely and faster. I got the general support from my family and colleagues, and did not feel like I needed any other counselling."

Compliance with treatment was another important subcategory in relation to actions and interactions within the category 'awakening', as illustrated below:

"Taking the Thuthuzela treatment (PEP) is also helpful because I know that my chances of being infected with HIV are reduced each time I take the treatment. I hate taking tablets, but this time, I told myself that if it's the only way to help me not to get HIV, then I will finish all of them. So it's helpful really."

Another participant related to this in the following manner:

"I am tired of these pills too. They make me sick, but I know they are going to help stop AIDS. Each time I take one, I just think about what this man has done to me. No! I won't stop taking them, I am afraid of AIDS, I would rather eat them. My mom brings in more money for food so that I can take the pills."

6.2.2.3. Consequences

The subcategories which are related to the consequences of the 'awakening' category included the move to the following step of the journey of recovery from sexual assault trauma - 'pragmatic acceptance', or regression to the initial steps described above.

The backwards movement can be triggered by different events such as seeing or hearing that the rapist who is out on bail, or being insulted about the rape. This was illustrated by different narratives from different participants at the end of four weeks:

"I really thought I was becoming better and was trying to move on, but then last Friday I heard that he is out on bail. Now I am afraid. I feel like he will come and kill me. I cannot sleep at night, I just wake up with bad dreams as if he is back to do that disgusting thing again. Sometimes I wake up in the middle of the night and walk about, trying to run away without knowing what I am doing. So, everybody at home is now watching me like a baby!"

Another participant narrated how seeing the rapist (who was now an ex-boyfriend) reversed all the progress she was making:

"The worse thing was when I saw him in town. I saw him coming towards our direction, he saw me. My heart started beating fast and I screamed yoo! (in the middle of the street in town, Sine). I held the hands of the person I was with. The look in his eyes, nearly killed me. ... I knew he was out, but I did not expect to see him. Since I saw him, I keep thinking about what he did to me all the time, it just comes up even when I am with others, I just can't help thinking about what he did to me. Now I am back to where I was before seeing him, but I am strong and I will go over this."

Insults from family members were also reported to be responsible for backwards movement during the journey of recovery from sexual assault, as illustrated below:

"My mother and uncle are insulting me about the rape and how my kids die. They are talking about this every day, especially when they are drunk. The past weeks had been terrible at home. I leave with their insults and that does not help me to concentrate on becoming better. I am reminded about how bad I am daily, how can I move on?"

Another participant, who had a history of sexual molestation by her mother when she was a child, but was now raped as an adult, narrated how the mother's insults took her backwards in her journey of recovery as follows:

"My mom, she was drunk last weekend. She started insulting me about the rape. I do not know whether she had a problem or whether she had remembered what she had done to me when I was a child. I was hurt. I felt so bad because this whole rape thing is bringing problems to us again. I thought we could all forget about what mom did, but she is the one who brings it back. She says she won't go to court with me because Shelly and I took her to jail."

All these things she says, make me feel bad, they bring back all the things that that man did to me”.

6.2.3.4. Summary of the concept ‘awakening’

Using the paradigm model, a summary of the ‘awakening’ phase of the journey of recovery from sexual assault is as follows:

Main category: Awakening

Causal conditions: Personal biographies of an individual such as personal life experiences, belief in God’s power of protection.

Context: Immediate supportive or non-supportive environment such as family and intimate relationships.

Intervening conditions: Supportive or non-supportive behaviours of significant others.

Actions or interactions: These include all subcategories that relate to the actions or strategies taken by the participants during the phase of awakening.

Consequences of the awakening phase are the forward and sometimes backward movement within the journey of recovery from sexual assault.

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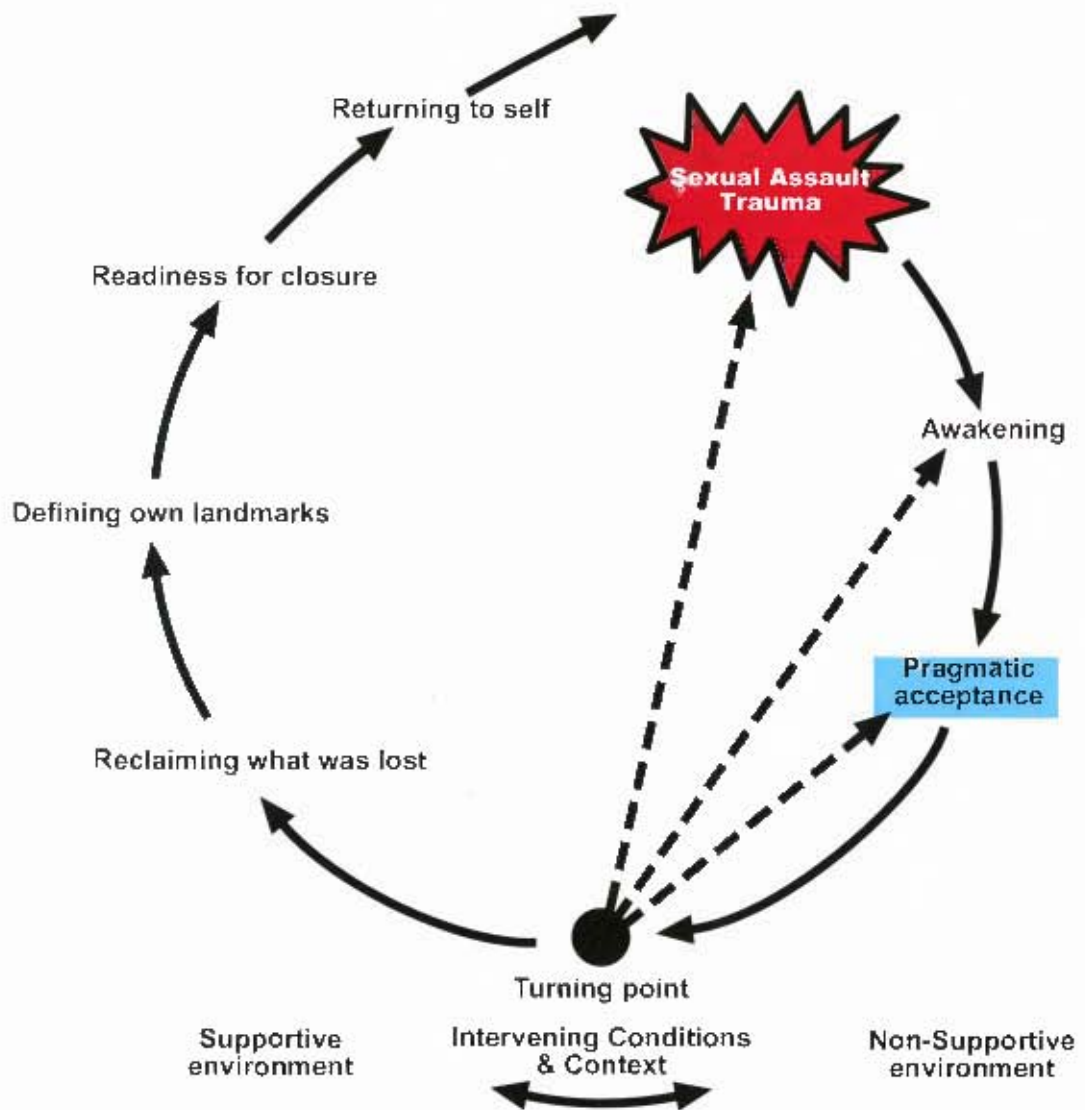


Figure 6.4: Pragmatic acceptance

6.2.3. Pragmatic acceptance

Pragmatic acceptance is derived from two words, namely to 'pragmatise' and 'acceptance'. To pragmatise is to represent as real or rationalise (The Concise Oxford Dictionary of Current English, 1964: 955). Acceptance is the word derived from 'accept', which means to receive as adequate, allowing truth of, believe or take responsibility for favourable acceptance (The Concise Oxford Dictionary of Current English, 1964: 8).

In the journey of recovery from sexual assault trauma, 'pragmatic acceptance' represents categories and subcategories in which the participants rationalise why the event of rape happened to her, in order for her to come to terms with the sexual assault or accept its reality.

The subcategories under the concept or category 'pragmatic acceptance' include the following: giving acceptable reasons for why the event of rape occurred, such as rape being God's will, rape as an experience that happens to good as well as bad people, rape happening to believers and non-believers alike, and rape as a tool of war.

This rationalisation was illustrated in different ways by participants in their narratives. Examples are given below.

The first excerpt is from a participant who thought that she was raped in the place of her friend who could have been raped, killed and have had her gun stolen (her friend worked in the South African Defence Force). The questions that the rapist kept on asking as he raped the participant on her friend's bed made the participant realise that the rapist knew the individual he intended to rape, and realised that she (participant) was not that person. He also had intentions of stealing her gun as well. She said:

"Since I told myself that it was God's will and God's plan that I went there, maybe had the guy found Pamela [friend, not her real name] alone there, he would have raped and killed her and stolen the gun, it has been easy for me

to accept what has happened and to move on. That person did not want to rape me. He wanted Pamela and he was going to kill her. Maybe it was God's will that I saved Pamela's life because we are fellow worshippers. This guy realised that I was not the one he wanted and started asking me where was the soldier and where did she keep her gun."

Another participant described how she had to accept the act or event of rape in order to move on with her life:

"I can say that I am at peace with what happened to me. Although the thoughts keep coming back, but I just told myself that I must be at peace with it. I keep telling myself to forgive and forget about it. That is the only way I can move on".

Later (at the end of week 24), the same participant was asked about the forgiving she had referred to at four weeks. She gave an explanation that indicated that the initial forgiving and forgetting was about pragmatic acceptance. She said:

"Earlier I was referring to forgiving the act that has happened to me, like in acceptance kind of. It's only when you accept that such a thing has happened and you cannot change it, that you are able to move on."

Another participant who chose not to dwell on the event of rape in order to move on explained it as follows:

"I have chosen not to think about the rape; I have so much stuff going on in my life, I just do not allow myself time to dwell on that. It's the only way I can move on. Even at home we do not talk about it, and I guess that is how we are all coping with it."

One participant who was raped during a faction fight among taxi owners in the city rationalised that the rape was not about her, but about the taxi violence, since her boyfriend and brother-in-law were taxi operators at the time:

"My boyfriend and my brother-in-law believe that the rape has something to do with the taxi violence, because the rapist knew and asked for them by their names when he asked me about where they were and wanted the keys to the other vehicle which was parked in the garage. I am sure you have been

following the taxi violence on the radio too. So they think this man was fighting with them by raping me. Earlier I could not see how that could happen. Now I have accepted that I was just a means to make my boyfriend and brother-in law suffer. It was not about me as such, but about the taxi business."

Another participant rationalised and accepted the rape as God's way of wanting her to achieve her purpose in life:

"I have never been mugged or anything in my life before, but within one week, I was mugged of my cell phone, raped and nearly killed. The question that I ask myself is WHY ME? What does God want from my life? God saved me from the teeth of a lion because he has a purpose for me. I just need to find that purpose. This rape happened for a reason. I need to grow from the experience and learn from it. Accepting that the rape was God's will has helped me to move on!"

6.2.3.1. Contextual and intervening conditions

The subcategories that related to the contextual and intervening conditions which influence the participants' journey of recovery under the category 'pragmatic acceptance' included the supportive and non-supportive environment, and supportive and non-supportive behaviours from significant others such as her partner, friends and family members. These subcategories were found to help or hinder the participants' pragmatic acceptance of her sexual assault trauma and further progress in the journey of recovery from sexual assault.

The following descriptions demonstrate how some of the intervening conditions -other people's responses and behaviours - interfered with the journey of recovery from sexual assault trauma within the pragmatic acceptance phase.

One participant described her partner's behaviours, which she thought were non-supportive to her moving forward, as follows:

"Each time I get to his place, he wants to talk about it, he wants to know how I am doing. I tell him that I do not want to talk about it, because I am trying to forget it and I want my life to get back to normal. I am trying to deal with what happened by pushing it away from my mind. Normally he would not just ask me how I am. I tell him that he is not helping me to get back to normal, but instead he is changing our lives. Our lives never revolved around me and how I feel. It was about us and kids and suddenly it's about me; that irritates me. I wish he could just stop and treat me as normal. I keep telling him that, more than supporting me, you are smothering me and I just can't handle that. We did not grow up talking about stuff like that. Perhaps he has been reading too many manuals on how to help your raped partner [very sarcastic], but it's not helping me at all".

Another participant explained how her husband's anger and lack of acceptance was blocking her from progressing in her recovery:

"Oh, when those thoughts come to my husband, he becomes very angry. He is not yet at peace with what happened. He tells us that if this man were to come to church and claim to have found Christ and confess about all the things he had done to us and others, he would not forgive him although he knows that God can forgive any sinner. That gives me the idea that he has not yet accepted what happened. When a topic [on rape] comes up on television or radio, he starts his anger again. That takes both of us back, but his lack of acceptance pulls me backwards. I wish he could just accept and move on too".

One participant specified how her partner's behaviour was irritating her and therefore not helping her to progress as follows:

"My boyfriend was not 'right' at all. The whole thing was stressing to him. He went out looking for this man by the name that he gave to me, but when he found Whitey, he discovered that it was not Whitey who had raped me. He became angry with all the guys from the neighbourhood. He wanted to find this guy so desperately that nothing mattered to him anymore. No matter how I was trying to forget about the rapist, he kept asking for more descriptions of this man. I hated him for doing that to me. I was trying to accept and forget

about what had happened, but he was constantly reminding me by asking me to describe him”.

Another participant made the following comments regarding her partner's responses:

“He has got this burning anger and he can't handle that he was wronged. Sometimes he takes this 'rape thing' too personal. He keeps on saying that he could not protect me when I needed him most. He keeps saying if he knew this guy who did this to me, he would have long taken care of him! The fact that he does not know him, he walks down the streets, looking for someone he does not even know! I am like 'why do you bother?'. This revenge and anger creates problems for the two of us. Sometimes I do not even want to talk about this thing, but he keeps on asking about the identity of this man. He sometimes wants us to just drive in his car and look for this guy on the township streets. When I refuse, then he becomes very angry. Now it's like I am 'protecting' the rapist? I keep telling him that, for me, I do not mind never seeing this person ever in my life again! He has got this personal vendetta and it does not go away. He takes it out on different unrelated things. And all he is doing is stopping me on my progress in trying to forget about the rapist and his disgusting act”.

Other partner's responses were reported as helpful in facilitating 'pragmatic acceptance' and the whole journey of recovery from sexual assault, as indicated below:

“I thought he was going to leave me after the rape. Worse, we had just been married for two months. I felt that he would not love me any more, but when I realised that he was keeping to his vows, I knew I had to really forget about what happened and concentrate on moving on. I became stronger. I guess he realised that I was strong in trying to deal with that painful trauma. He is supporting and encouraging me all the time now.”

Support from male friends (not intimate friends) also had a positive influence on the pragmatic acceptance. This was reported by one participant as follows:

“I have this male friend at work, Sine. When I told him about what happened, he believed me. He also said I did well for reporting my boyfriend to the police. He seems to care a lot and says that I should always remember that

not all men are like my ex-boyfriend. He is always trying to keep me company and helps me forget about the rape. I always feel safe with him. He is helping me to accept what happened to me and also to accept that I did the right thing by reporting him to the police”.

6.2.3.2. Actions and interactions

The subcategories which represent the actions and interactions under the category pragmatic acceptance included seeking validation of own reasons from significant others, and wanting to be believed by significant others, including the researcher.

That was illustrated by the two participants who needed validation of their reasons for being raped:

“Although I am feeling better now, I still have this question: ‘Why did this happen to me now? Is there anything I do that makes man to be attracted to do bad things to me?’ The first time my uncle did this to me, I was very young, and for all those years, I thought I had forgotten about all those things he did to me, but they just came back all over again now. I just can’t stop wondering if there is something wrong that I do to men. I can’t move on with these questions clouding my head.”

The second participant, whose boyfriend was in jail for alleged rape of an elderly lady, also needed some validation on why her life was surrounded by sexual assault or molestation in order for her to move on:

“Sometimes I just wonder why my life is full of this. My boyfriend, who I really trusted, I mean he believed me when I told him that I was a virgin and did not force me to have sex, raped an old lady and is now sitting in jail. My own mother sexually molested me when I was a child. She is insulting me about it that now and all the time. All these things block my way, I keep thinking about them all the time, I just can’t move beyond them sometimes.”

6.2.3.3. *Consequences*

The subcategories which are related to consequences under the concept 'pragmatic acceptance' included the forward movement in the journey of recovery, and continuing with seeking further help from social workers, counsellors and others, as illustrated below:

"I have since gone for counselling, hoping that it would help me find some answers to why this happens to me. We have not reached that point. The counsellor just listens to what I say. She does not give me any satisfying answers. I think I just have to accept it as is because it happened, it happened."

The participant with a history of childhood sexual abuse was sexually assaulted in her house by a man who knew her boyfriend and brother-in-law, and was also diagnosed as HIV-positive, tried to commit suicide. She later explained it as follows:

"This HIV thing is really making me feel bad. I did not expect it, but now that it is there I think I have to deal with it too. Just like I accepted what my uncle did to me when I was little and kept it to myself, I could deal with this rape, but HIV involves my boyfriend and my child. It's worse, I cannot deal with it alone. That is why I just wanted to die. I wish I just died when I took all those tablets. I wish that he did not find me soon. I am not so certain whether I want to live or not. But my boyfriend promised to be there for me always. He said we will go through this together. I am strengthened by that. It is encouraging. I have sessions with the psychologist, I think that will help."

6.2.3.4. *Summary of the concept 'pragmatic acceptance'*

Using the paradigm model, a summary of the 'pragmatic acceptance' category of the journey of recovery from sexual assault is as follows:

Main category: Pragmatic acceptance

Causal conditions: Personal biographies which are similar to those described under 'awakening' above.

Context and intervening conditions: Supportive or non-supportive environment such as family and intimate relationships, and supportive or non-supportive behaviours of significant others.

Actions or interactions: Seeking validation from others and wanting to be believed are the subcategories that were interpreted to be action or interactions that participants engaged in during the pragmatic acceptance phase in the journey of recovery from sexual assault.

Consequences of the pragmatic acceptance phase were interpreted as the categories that showed progress in the journey of recovery, e.g. moving to the next phase, or sometimes backward movement within the journey of recovery from sexual assault.

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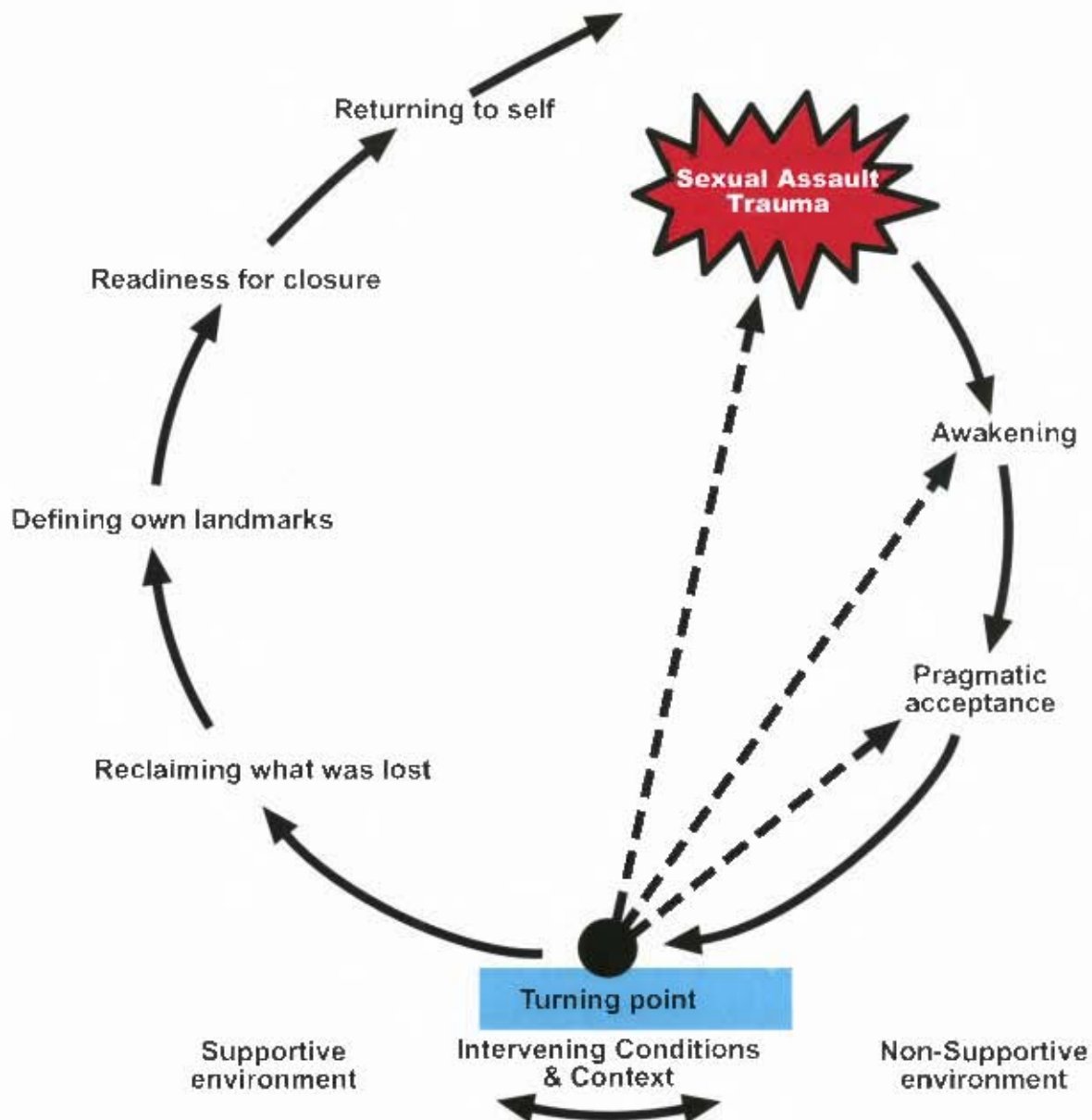


Figure 6.5: The turning point

6.2.4. *The turning point*

According to The Concise Oxford Dictionary of Current English, 1964 (1404), the 'turning point' is a point in place, time or development at which decisive change occurs. This category was identified as a core category of the theory of women's journey of recovery from sexual assault trauma. Its subcategories included the following: woman's definition of herself as a survivor or victim of sexual assault, taking control and responsibility about what goes on, symbolic actions, and the face of the rape victim versus the face of the survivor.

The dimensions of the core category 'turning point' were identified as forward or backward movement, clockwise or anti-clockwise direction, survivor or victim state, positive or negative movement.

Although the 'turning point' is placed within a specific point within the theory, in reality the 'turning point' can occur at different levels or points during the woman's journey of recovery, because the participants are individuals and their conditions and circumstances are not the same.

The 'turning point' was identified as a core category, because it provided an account of the variation in different participants' journey of recovery from sexual assault trauma. Its dimensions were interpreted to show the direction and progress in the participant's journey of recovery from sexual assault trauma. These dimensions included the clockwise or anti-clockwise direction, forward or backwards movement, and a fast or slow pace.

The determining factor for the direction taken at the 'turning point' is the woman's taking of control and responsibility for her own healing. The forward, positive and clockwise direction is a feature of those who take control of the situation and the responsibility for their own healing, irrespective of the presence or absence of supportive structures in their environment. The backward, negative and anti-clockwise directions are a feature of those women who remain victims and are not in control of the circumstances in their environment.

6.2.4.1. Causal conditions

The subcategories that were interpreted as causal conditions for the category 'turning point' included the personal biographies, which were similar to those mentioned above, the presence of motivators such as the presence of children in ones' life, current pregnancy, and confidence in the current relationship and future, and reviewing life (which was also interpreted as a consequence).

The presence of a child in the woman's life and need to protect them was described as a cause for reaching the 'turning point', as follows:

"My daughter, T, she makes me strong; when I look at her I know that I have to be strong. She makes me strong too by telling me that I must not give birth to boys because they get stolen and killed by Radebes [clan name for the rapist]. She makes me realise that nothing has changed in our relationship. The rape has not changed that I am still her mother. She makes me realise that I have to be strong so that I can protect her by making sure that what happened to me never happens to her. I will make sure of that in one way or another."

Another woman related how the presence of her two children influenced her 'turning point' as follows:

"The rape made me re-evaluate my life. I am 24 years old and I do not have any professional achievement except that I have two kids. I need to correct that, get myself more empowered to bring these kids up properly. Get a decent job, or perhaps go back to tertiary school. The rape made me think about all those things. I saw that as an opportunity to turn my life around."

Another commented as follows regarding support from her son and boyfriend:

"My son ... when I see him playing carefree, then I stop all my bad thoughts. It's always better when he is around playing and making noise around me. My partner's constant support and encouragement keeps me going. For the two of them and the expected child, I am so grateful. They both made me realise that I need to carry on and see them through too. Knowing that my son needs me around as his mother makes me realise that I need to stop my suicidal thoughts really."

Confidence in the current relationship and the future was also reported to be a causal condition for reaching the 'turning point' in the woman's journey of recovery from sexual assault:

"The fact that my boyfriend accepted me despite what happened and did not blame me for it helped so much. His acceptance really mattered, especially after what he told me some weeks after the rape event happened. I use to feel uncomfortable when we tried to have sex. He said something and I thought you know, he makes sense, and everything got back to normal after that. He said 'Whatever happened to you when you were raped, we must not allow it to change our relationship and our sex life'. I said to myself 'Hang on! This person is telling the truth when he says he supports me', and everything fell into place, including our sex life. It was normal. His support and understanding have been very helpful to put me where I am now".

For another participant, her long-distance boyfriend's support was also influential in her 'turning point':

"When I told my boyfriend, he was very understanding and supportive. He made me realise how strong our relationship was. Since I told him, he calls me every day and comforts me. He shocked me by his support. It made me strong and I decided that I will not allow anything stop me from healing from there on."

The women's description of their 'turning point', taking responsibility and defining themselves as a survivor, is illustrated below:

"In reality Sine, I can say everything that goes with healing starts with you as a raped person. You accept that rape has happened and nobody can take it from you. You can attend all counselling sessions, but if you think of yourself as a victim and have not accepted what happened and decided to move on, then, you won't heal. Healing starts when you decide that 'I am not a victim anymore, I am a survivor. I am above what happened to me'. That helped to turn things around and move on. "

Another woman explained her 'turning point' and taking responsibility for healing as follows:

"I realised that for healing to occur, I needed to tell myself that such a thing has happened and I could not change it. I decided to continue living my life the way I wanted and not to let the rape thing stop me from living, or living as a rape victim all my life. I then decided to take control of everything I did to help me heal."

Another woman described hers as deciding not to allow her life be influenced by what the rapist did to her, as follows:

"One thing I told myself was that I do not know this person, whether he was mentally ill or what made him do what he did to me, I am not interested in knowing him. So, I decided I was not going to allow him or what he did to me influence my life forever. I was not going to let him make me change towards other people, especially other men. That was the important point in my life; from then on I felt free to move on without thinking about him constantly."

Taking charge of one's life and defining oneself as a survivor are the determining factors for the positive and forward direction in the 'turning point', as described by one participant as follows:

"All I need to do was to take charge of my life and live. I could have decided to allow the rapist to take that right away from me, but I chose not to. Hence I think I have all the rights to live my life after rape. I am a survivor now."

In some cases 'turning point' features were manifested through observable improvement in physical appearance. Some of the physical changes were noted in the researcher's field notes, and compliments were given accordingly, as indicated in the response from one participant, below:

"Yes, you told me that these are not therapy sessions but research. But truly speaking, I feel good after being here. In fact, when you commented about my appearance last time, it made me feel good inside. I realised that I am becoming alright and all my efforts to look and feel better are working."

Another participant related how her change in physical appearance was noted by a health professional:

"My gynaecologist was not available, so I was seen by another doctor. He asked me all questions about my pregnancy, my relationship with the father and all that stuff. He then asked why I went to G. F. Jooste Hospital and took HIV blood tests. I told him that I was raped. His jaw literally dropped and you could see that he did not believe me. It's like he has a picture of 'the face of the rape victim' in his head in which he could fit in any rape victim or survivor! Seemingly I did not fit into his 'face of victim picture' which he had in his mind. I then realised that I have turned things around, I am recovering from that state and will never be associated with being a rape victim, ever!"

Physical appearance was described as an important factor in determining the 'turning point' towards the positive direction of healing, as follows:

"I took the money that was paid by the tenants for last month's rent and bought myself a pair of shoes and did my hair at the salon. I had no nice shoes and I was going to attend the session with the social worker. I wanted to look good because I have decided that I am moving on with my life and the social worker was going to help me do that".

6.2.4.2. Context and intervening conditions

The subcategories under the context and intervening conditions that influence the 'turning point' of the journey of recovery from sexual assault trauma are numerous, but they do not necessarily have to be present or absent all at the same time. For instance, the presence or absence of one of the listed subcategories under context or intervening conditions can influence the progress of the participants' journey positively or negatively, as demonstrated by different excerpts from the participants.

The subcategories are also captured in Figure 6.2, the conditional matrix of conditions of the journey of recovery from sexual assault trauma. They include the supportive and non-supportive family, community and societal environment and supportive and non-supportive relationships, fear of HIV infection and personal biographies of individual women.

Partner support and family support influences the forward direction of the journey of recovery, while lack of support leads to a backwards slide:

"Noticing that my husband is no longer angry about the rape, he has not given me any reason to doubt his support and he has never blamed me. Even when we are just talking generally, he does not show that he supported me out of pity. His support and that of his sisters and my mom has been helpful to me. I needed their support to turn things around and move forward."

"The fact that my boyfriend accepted me after what happened to me and did not blame me for it helped me. Of course it took him some time to come to terms with that, but when he did, it helped me because it was only then that I could fully turn all my energies towards a healing direction."

Family support also enhanced the positive direction of the 'turning point' of the journey of recovery of recovery from sexual assault for the participant below:

"Here at home, they have been very supportive too. They heard about what happened and left it like that. You know some people walk on eggs around you when something like this happens to you, as if you are no longer the person you used to be. Not in this family! Everything is back to normal, if rape appears on TV or radio, we do not switch the TV off, everything continues as before. That makes me realise that we are all healing together."

Lack of family support such as **pressure from family** to withdraw the case often makes one remain in a state of being controlled by others. This influenced the 'turning point' for the participant below. She took control of the situation and refused to be pressurised into withdrawing the charges against her husband for marital rape:

"Mhh, I think my sisters still support me, but I am not sure. They say I must forgive him and withdraw the charges against him. Even my close friends say I must forgive him and withdraw the charges. I am just not sure whether to take their advice or not. Now I keep on thinking about what will happen if I do that or if I do not. I then remember all the things he did to me on that day when he dragged me on the street and other beatings he used to do to me, and I realise that these people do not know what I have been through. That is why they think they can just tell me what to do."

The following narratives also demonstrate how the close relationship between the rapist and the raped woman was the source of **pressure from family members** and control over the woman. The women who experienced this type of pressure had a **negative and backward direction** in their 'turning point' of the journey of recovery from sexual assault:

"My boyfriend's sisters asked me to withdraw the case because we were lovers. I asked them what they would have done if they were in my position. I said I will think about it, but I did not mean it, I just wanted them to leave me alone. But guess what, now I keep on thinking about it all the time. I have to convince myself that I am over that, I am moving forward, but the thoughts keep coming back. So I am moving back and forth without making any good progress in my healing."

Another example of pressure to withdraw the case and how it delays the woman's progress was explained by the following participant as follows:

"When it was discovered that he had another case of stealing cattle in Eastern Cape, my father-in law sent my husband's brother to come and request me to withdraw the other case. I told them that what they are asking of me is difficult because when he gets out he will come and take my life. He has made that promise very clear to me before. I am still considering whether to withdraw the case or not, but all that is bringing old memories again."

Another participant explained how her sister's friendship with the brother of the man who raped her and offers of bribery forced her towards a backwards direction in her 'turning point', as follows:

"I do not understand how my sister continues to be friends with a brother of the man who raped me. She has been receiving money from them to influence me to withdraw the case. When we ask her why she is doing this, she says she does not have to stop her friendship because of what other people chose to do. I then feel like she is blaming me for the rape and does not blame the rapist. Probably she is blaming me for reporting the rape. I can't move on with her doing this to me."

In the absence of positive support from family, one participant found support from community members, and she explained that this was important in determining the 'turning point' for her:

"My life has not changed from people outside my family. They are very supportive. My life has only changed at home where I am insulted and given all ugly names. People of the community, even when they look at me, it shows they can feel my pain, but my own family is still blaming me for the rape and murder of my child up to today. My friends and people of the community have really supported me because they were even there at Wynberg Court. Even now, they are collecting contributions for hiring transport to court on the 17th of March. When I heard that they were singing and having placards in my support, I was

really touched by their deed. I became determined to continue with the case no matter what."

The community involvement in dealing with rapists was experienced and described by another participant as follows:

"Last week, the community women marched to the police station to complain about the same rapist because he is believed to be going in and out of single women's houses and raping them at gunpoint in their beds. When I saw that I became determined to move on and be strong because of the support from other women".

The **fear of HIV infection** can influence the 'turning point' in a positive or negative way. The participant below described how her fear that her HIV blood results would come out positive was delaying her progress, until she decided to do something about it, when she got to a 'turning point'. In the first narrative she described her concern about the HIV results. In the second narrative, she describes what she did at the 'turning point'.

"If the second HIV results come back negative in March, I will know that the whole thing is over. If they come back positive, Yoooo! That will be a disaster really! My husband will not accept that at all. There is always that fear at the back of my mind, but I do not dwell on it. My happiness is short-lived indeed."

Three months later, she related how she decided not to go for the blood results anymore, and how that marked her 'turning point' and helped her move from victim status:

"I did not go for the second HIV results in March. The fear of finding out that the results had turned positive was killing me. I decided that in order to move on, I needed to do something. I had to take control, I was continuously a victim of fear, fear of becoming positive! I just decided not to go for results and any other tests. Since that decision, I felt in control and not being controlled by that fear."

For some women, **the fear of HIV infection**, and taking the PEP treatment influenced their 'turning point':

"I am tired of these HIV pills too. They make me sick, I know that they are going to help me not to get AIDS but each time I take one, I just think about what that man did to me and people are talking outside. They say he has AIDS and that is why he raped, he wanted to heal himself. That makes me sick too. I keep thinking about that all the time. But I won't stop taking the pills. I am afraid of AIDS. My sister has AIDS, and I do not want to go through what she goes through. I have decided that I will take all the pills and do all the necessary tests."

Another woman explained how the **negative HIV result** affected her 'turning point' positively:

"After doing the second HIV blood test and it came negative, I was relieved and felt much better. All the fear is gone and I am ready to take the next challenges. My boyfriend is happy and he says we should count ourselves fortunate and we have even stopped using a condom. We do not see anything that can stop our life together now."

The above participant later reported being pregnant and happy with the pregnancy. Although she had not planned to get pregnant before she was raped, pregnancy became a **symbolic action** in their (she and her boyfriend) commitment to each other following her rape. It was a positive 'turning point' in their relationship as well.

Another participant's negative HIV status also helped her to move forward in her journey of recovery:

"But what has helped me so far, is to know that I am still HIV-negative and I hope that he did not infect me because he did not penetrate me properly and did not ejaculate. I will go further for tests and pray that nothing happens. Knowing that I am still HIV-negative makes it easy to plan to go on living."

The participant whose HIV results were positive was so devastated that she tried to commit suicide and moved backwards to reliving the event. She did not

The **investigating officer's support** also influenced the woman's 'turning point' in her journey of recovery positively, as described below:

"The investigating officer has been helpful in informing me about what is going on in both cases. So, I do not have to go up and down to Wynberg. It is good that he comes. At least I feel that justice will be done at the end. The only difficulty though is that the first investigator is no longer following this case up. Now I have to tell the story all over again. But I am not giving up, I will keep on telling my story until justice is done. Knowing that the investigating officers are working hard on my case pushes me to move forward all the time."

The **assistance from the social workers** on preparation for court appearance was another intervening condition that influenced some of the women's 'turning point' in the journey of recovery from sexual assault, as described by two participants who utilised social worker and investigating officer services:

"I am really happy now. The social worker told me that they will prepare me for the court appearance. They will teach me things that are done in court. I told them that there are words that I will be ashamed to use in court when telling the court what the man did to me. They said they will teach me how to say those words without shame. Since I heard about this and my negative blood results, I felt a new hope for life. It's like I have been healed from the pain I was feeling, I am happy."

The second participant related how well the investigating officer played his role and how that influenced the pace of her journey of recovery from sexual assault:

"The investigating officer is playing his role very well Sine. He contacts me and lets me know what is happening. We came with him to Thuthuzela and he is handling the case very well. It helps to know what is happening instead of hearing that the case has been postponed only when you get there at the courts. He phones and fetches me to court on the case dates. I am fortunate in that way and that makes me feel that justice will be done at the end. Tony will suffer for what he has done to me all these years. The investigating officer's help made me focus on healing faster."

6.2.4.3. *Actions and interactions*

The subcategories that were interpreted as actions or interactions that the participants undertook in relation to the core category 'turning point' included redefining self as a survivor and not a victim, and symbolising the 'turning point' physically.

The participants took different actions and interactions to symbolise the 'turning point' in their journey of recovery from sexual assault trauma. For some women these were conscious decisions to mark the end of the victim phase and to move on to the survivor phase.

The following excerpt is a demonstration of a symbol of the 'turning point'. The participant had lost one shoe during the rape. She had kept the other shoe hidden under the bed so that it could not remind her of the rape. Seemingly the domestic helper kept on bringing the shoe to the front, where it could be seen. One day, the participant decided to take action and get rid of the shoe and the bag that she was carrying on the day she was raped. She described her symbolic actions as follows:

"This particular day I came back from work and this shoe was back again in the front where I could see it. I got up, took it and put it in the same bag that I carried on that day I was raped. I took both of them and put them in the rubbish bin outside. I think each time I saw this shoe and the bag I was hurting and they reminded me of the rape. But somehow I kept them. Perhaps they were the only things remaining of what was taken from me, I do not know. Since I threw them away I felt relieved, so that was also another step away from that rape ordeal to recovery. I thought that the bag was the one that attracted the rapist to me, the shoe ... I just could not let myself throw it away until that day. That marked the turning point in my experience. Ironically, those things are no longer in my life anymore. He [rapist] died. I am ready to start living my life again."

Other participants' symbolic actions included relocating to other places to mark the 'turning point' in their journey of recovery from sexual assault, as demonstrated below:

"We moved from where we used to stay. It's safer for the coming baby because it has all amenities like water. Besides, at least nobody knows our story there, so it will be easy for the two of us to heal. Where we used to stay, I am sure that each time people saw us, they called each other and pointed to us and said his wife was raped while he was watching. We had to move away from there and start a new life somewhere where no one knew about it".

Another participant's symbolic action included relocation to the Eastern Cape:

"One day I woke up and realised that I needed to leave Cape Town in order to heal properly. I did not even move my stuff, I just packed a small bag as if I was coming for a visit and got myself to the Greyhound and went home. I only went to sort my furniture and stuff two weeks ago. I know I did well by leaving Cape Town. I have a new job and I am healing better away from Cape Town."

6.2.4.4. Consequences

The subcategories that were interpreted as consequences of the core category 'turning point' were numerous and interrelated, as well as interlinked with the categories and subcategories mentioned above and those to be mentioned below. That is how the core category is determined or identified – it had to accommodate all categories and subcategories of the emerging theory.

Positive subcategories are those which relate to positive progress on the journey of recovery from sexual assault trauma, such as moving forward to other categories such as reclaiming what was lost, defining own landmarks for healing, readiness for closure, forgiving self, and determination to return to self.

Negative subcategories under the consequences of the core category 'turning point' were the backwards movement such as experiencing flashbacks, being reminded of the incident of rape each time something that resembles it

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happened, suicidal tendencies and reliving the event of rape. Constant return to the sexual assault trauma stage and reliving that event has potential for the development of PTSD. This was not identified in the current study, but the participant who had suicidal tendencies did not come for the last session of the interviews.

The following excerpt demonstrates interpretation of the backwards direction consequences at the 'turning point' of the journey of recovery from sexual assault trauma. It is from a participant who tried to commit suicide following the rape and hearing about the positive HIV result:

"I have been feeling very bad. The whole thing keeps coming back, especially when I am sitting alone. It's better when my son is there around playing or when I am doing something. The whole thing is so painful, it has suddenly reminded me of the rapes I had as a child by my uncle. I thought I had forgotten all that, but now it is back. I do not know which is worse, the old uncle wounds or the latest ones. It's like they are all happening at once now."

At a later date the same participant responded as follows to the question about how she felt:

"It depends, sometimes I feel right, but sometimes I do not feel right, even with people. I just want to be alone. Even a man's odour, it just irritates me. I don't want to smell it, including my partner's odour. He smells like the same odour that rapist had!"

This participant was reliving the event of the current sexual assault trauma and the sexual abuse she experienced in her childhood from her uncle as a young child. She was seeing a psychiatrist for her PTSD and suicidal thoughts.

Another participant reported how any crime-related matter triggered the sexual assault experience:

"These thoughts come, like when someone talks about any crime that happened in the neighbourhood. For instance, is there was a break-in in one of the

neighbours' houses. To me, it just feels like it was the same person and no one else [laughing] and I get afraid as if he will come and rape me again."

One participant reported flashbacks and dreams, which later subsided:

"I feel better than before, but I still cannot sleep well at night though. I just wake up with bad dreams as if this person is back to do that disgusting thing again".

For another, seeing the rapist out of jail sent her backwards, where she started to experience being startled whenever she heard a loud noise:

"I can say I am alright now, but I have noticed that I get startled when somebody just comes from behind me and talks loud. It all started after I saw this guy in town. Since then I just get those jolts when somebody talks loud or just touches me from behind. I think I was shocked to see him and now my mind is expecting to be seeing him all the time."

6.2.4.5. Summary of the concept 'turning point'

Using the paradigm model, a summary of the subcategories related and interlinked to the core category 'turning point' is as follows:

Causal conditions subcategories: Personal biographies that are similar to those in other categories, including previous experiences, confidence in current relationships, presence of children as motivators to heal, and presence of others as motivators or demotivators.

Context and Intervening conditions: Fear of HIV infection, supportive and non-supportive responses, such as from the partners, family, community, and society, supportive and non-supportive environment.

Actions/interactions: All subcategories undertaken by the woman to indicate taking control and full responsibility in her journey of recovery from sexual assault, including symbolic actions, taking control or not taking control, defining self as a survivor or remaining a victim, talking a forward or backward direction, regression to previous phases.

Consequences: These include all categories and subcategories interpreted as progress or regression within the participants' journey of recovery from sexual assault.

Women's Journey of Recovery from Sexual Assault Trauma

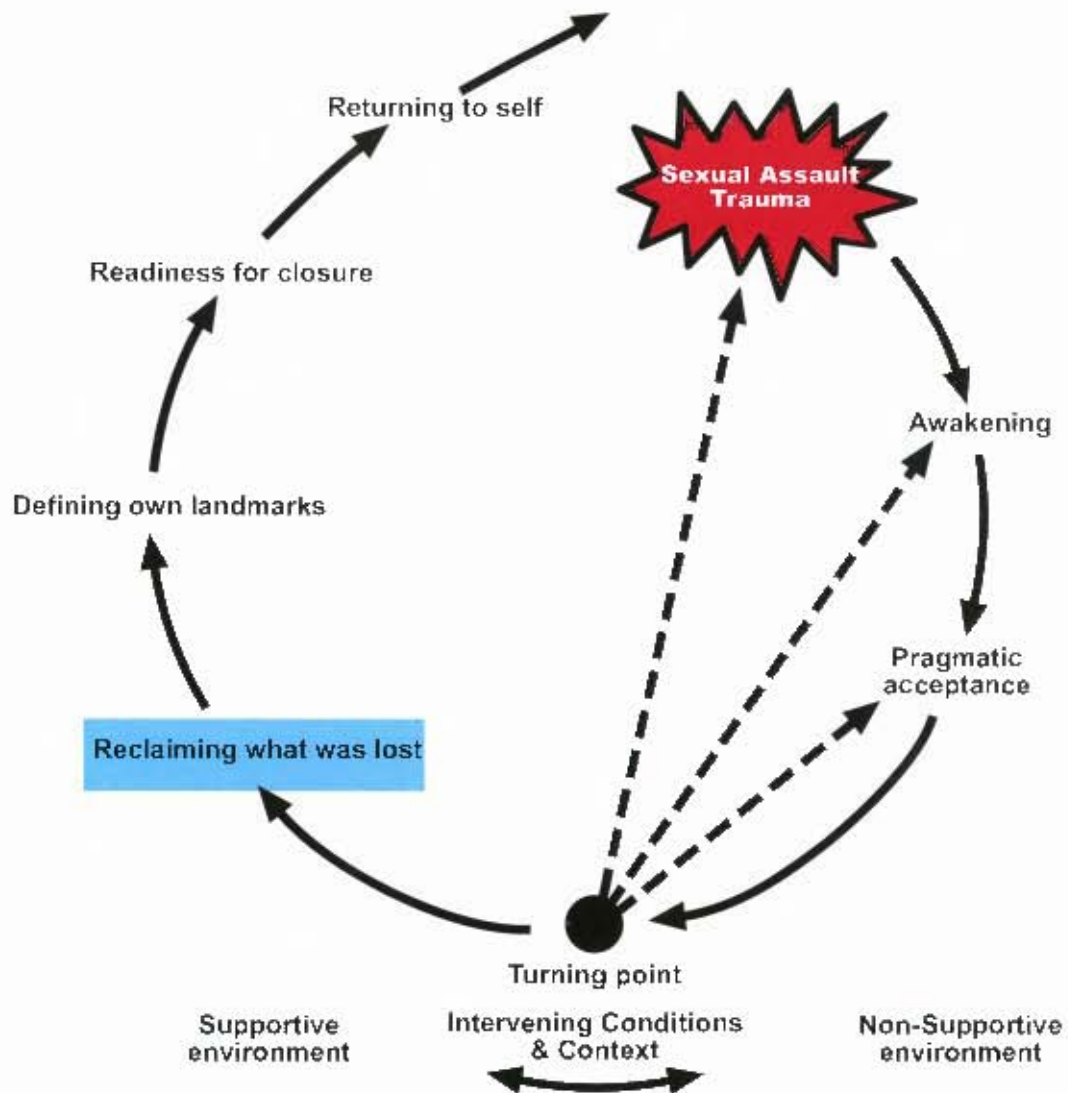


Figure 6.6: Reclaiming what was lost

6.2.5. Reclaiming what was lost

'Reclaiming what was lost' was derived from the word 'reclaim' which is to win back or away from vice or savagery or waste condition (The Concise Oxford Dictionary of Current English, 1964: 1033) - what was lost through the event of sexual assault and immediately thereafter.

6.2.5.1. Causal conditions

The subcategories that are related to the causal conditions of the concept 'reclaiming what was lost' included participants' recognition and acknowledgement of the aspects of self which were lost through the event of sexual assault and immediately thereafter, how the participant valued those lost aspects of her life, grieving for what was lost, the presence of the motivator that provides the impetus for active strategies in reclaiming that which was lost, such as a need for self-defence. From data analysis the lost aspects were interpreted as freedom to walk freely, loss of spiritual self, lost of trust for men, power of self-defence, self doubt, doubting God's presence, and religious beliefs.

The participant below described that which was lost as the free-spirited self:

"Even if he were to say he was sorry, I would tell him that he killed a part of me. I am not dead but that free-spirited person in me, a free person who believed in the goodness of other people, is no longer with me. Now whenever I leave my house I have to be aware of the surroundings and other people's movements. He killed that part of me which was free to walk around and talk to people, now I have to be aware of people around me, I have to be aware of a person coming from afar, and decide whether I have to turn back or do what ... I mean there is a part of you that is lost, you become responsible about yourself and even other people's actions."

Another participant described the loss of her free-spirited self as follows:

"Mh! I don't go to taverns anymore; I'm drinking at home when my mother is not there because she doesn't like alcohol. I do not trust any person in taverns. I am scared of any person that I do not know. I think the major change in my life is that I am no longer carefree, old me, because I have stopped going out at night. I am scared that the same thing or worse will happen to me. Besides I have to be there for T [her daughter] all the time."

The loss of freedom of movement was reported by another participant as follows:

"It's like something has been taken away from me, something that would allow me to walk about like my sisters do. I am not sure if I am ready to want to regain that now or not. I am just too afraid; perhaps later I will have to regain that."

The following participant described what was lost as the sense of ability to defend oneself in the following response:

"But I could not defend myself when he threw me on the bed and raped me. It was like he ripped my inside out and I could not defend myself. Losing that power of self-defence was too much a loss to bear. I am now trying to regain that power of self-defence. I will consider myself healed once I can feel that sense of power back, like the ability to defend myself."

Another participant described what she had lost during the event of rape as her spiritual self or belief in God:

"Somehow I guess I doubted God's presence since the event of rape. The pastor helped me by telling me that I must not think like that. God never forsakes us. The fact that I was not killed shows that He is alive and protected me. ... Since I regained that spiritual sense and spiritual part of me, I felt better. I did ask a lot of questions, but I guess it helped to talk to the pastor about all those questions, because he made me realise that somehow I was blaming God but not saying it in words".

The participant below described her loss of trust in men in general, and what she had to do to regain that in the following response:

"Initially I was so afraid of going outside, seeing people and seeing men. If I saw men on the street, my body just shivered as if RAPE was written all over my forehead. It's like learning something new. I am learning to deal with a new experience. Learning how to trust men again, because not all men are the rapist, my brother-in-law, my boyfriend, my pastor, my male colleagues at work, are not bad guys. I have always known that, but I have to learn that again."

6.2.5.2. Context and intervening conditions

The context and intervening conditions were found to be the same as for all the above categories and subcategories. That includes the supportive or non-supportive environment, supportive or non-supportive behaviours of the significant others, family, colleagues, church members and community members.

6.2.5.3. Actions and interactions

The subcategories related to the category 'reclaiming what was lost' included the following: reconnecting with self, bringing back my freedom, reconnecting with my spiritual self, "decontextualising" rape from sexual intercourse, praying for healing, learning to trust again, and taking precautions all the time, talking about rape and even joking about rape.

The aspects of self that were lost during the event of rape and thereafter included the freedom to walk freely, trust of other people especially men, sexual life, power of self-defence, doubt of the presence of God or loss of the spiritual being. They are discussed below, as well as the interactions that were taken to regain them.

Another aspect of self that was lost and was worth fighting to regain was the sexual lives among couples. The following responses also describe how couples discovered that their sexual lives were lost, and what they did to regain them.

The first response is from a married woman who was raped in front of her husband, and how her husband “decontextualised” rape from sex:

“My husband told me that what he witnessed was not me having sex or making love to another man. He said that what he watched was not sex, but the violation of our rights as a married couple. He made me to understand that there is a difference for rape and sex. That helped both of us to view sex differently. We spoke about it before resuming our sex life and everything went well from the word go. We needed to talk about it in order to become a married couple and enjoy sex again. At least I needed to hear it from him.”

The following participant explains how they had to “decontextualise” rape from sex after failure of attempts to have sex following the rape:

“Hmmm! Basically we have not had sex as such. He might be waiting for me to be ready. It’s been difficult to have sex with him. I guess it’s me because we tried and it was so uncomfortable, I just could not do it. I kept on seeing the images of that day. I have this bad image. You know when a guy breathes, when they are aroused they basically have the same smell when they get excited. I just could not handle that smell. I just asked him to stop. I am not sure if he is now waiting for me to tell him whether it’s okay to start. At the same time the little time we spend together, we end up talking about this man all the time. We just do not have the time to try because of his obsession with finding this man. Besides we do not stay together anyway because we are not yet married. Basically our sex life went out with the rape itself.”

The above statement was made at the fourth week, but later this participant had the following response to show how they had tried as a couple to regain their sexual life:

“That really mattered, especially after something he told me after some weeks after this happened and I felt uncomfortable when we have sex. I thought, you

know, he makes sense, and everything got back to normal after that. He said 'Whatever happened to you, we must not allow it to change our relationship'. I said to myself, hang on, this person is telling the truth when he says he supports me, and everything fell into place including our sex life, it was normal. His support and understanding has been very helpful to put me where am I now.... We had to talk about it to reconnect as lovers again."

Another participant reported loss of sexual life as that which needed to be regained as follows:

"But there are problematic days when he even asks me 'Pinky [not real name], why are you not finishing [climaxing] with me? At times he would leave me or continue on his own until he climaxes. But shame, he understands me and also I see that he loves me and supports me. That has been helpful, because recently I finish and enjoy him as well. Knowing that he understands why I am responding badly in bed helps a lot."

The motivators that provided all the women with the impetus to regain what was lost may differ for individual women, especially between the women who were raped by their partners and those who were raped by strangers. For those who were raped by their intimate partners, the motivator was likely to be seeing the partner suffering for what he had done, and also for the woman to regain the power of self-defence. The women who were raped by strangers wanted to regain those aspects of themselves which they lost during the rape event, as well as to see justice done.

The married woman who was raped by her estranged husband reported the motivators for reclaiming that which was lost as a sense of freedom as well as to see her husband suffering for all that he had done to her, including domestic violence and rape:

"I am still angry with him, although I am happy that he is rotting in jail. He had been abusing me for far too long. He must see to himself in jail. I now feel free because he was controlling me even if I wanted to visit my sisters. I could only go

when he gave me permission, which he only gave when it suited him. Seeing him suffer in jail makes me feel good. I can now look for a job and be in control of my life again."

For another woman, who was raped by a live-in partner when she was preparing to leave him, the motivator was seeing the vulnerability of women to their abusive partners:

"It is such a painful thing to know that he is doing this to you because you are a woman. I guess as long as one is a woman, one will always be vulnerable to such things, but if women report it, I am sure men can stop abusing their partners. I am sure he learnt a lesson as he was sitting in jail, that your partner can take you to jail for abuse or rape, in case he did not know that before."

The women who were raped by strangers were motivated to regain what they had lost for various reasons, including doing it for themselves, their children and for other women in the same position:

"I am trying to pick myself up, my own Maru [not real name], to be the same Maru I was before. I am doing this for myself. I keep telling myself that I have to let go of whatever happened to me. I must forget it. It's not easy, but I am trying."

Another reported that she was trying to regain what was lost during rape for herself as follows:

"I need to reconnect with myself and move over this. That is what I ask for in my prayers, to be able to reconnect with my spiritual self and grow. What has happened has happened. Healing is God's job. I need to continuously ask for it in prayer."

Other participants regain what they have lost in order to help other people who are most vulnerable, such as children:

"Once I have regained my confidence, I wish I could help that little girl [she had read an article about] who has been raped, to help her to regain her innocence, her core being of being a free-spirited child. You know I have realised that these

children are worse off than us. They cannot play freely anymore. I need more than just compassion but to regain my confidence in order to help others."

Another was motivated by the need to help other victims of rape, and described her motivation as follows:

"I have been thinking about being a voluntary counsellor or perhaps to speak out and support other women who have been raped. Maybe when they can see that I was once raped, but I am alright, am not drinking liquor or doing funny things, maybe it will help other women in the same predicament. I am not promising that I will go and do it tomorrow, but it is one of my wishes. The people at Thuthuzela made me feel that I can be a voluntary counsellor because of their helpful attitude."

The women chose different strategies in order to regain what they had lost during the event of rape. These included self-protection strategies, strategies to reconnect with self, and others.

Self-protection strategies that women used to regain that which they had lost were varied. One participant described her self-protection from the husband who is in jail. She had fears that he could pay someone to come and kill her while she is sleeping:

"I told the neighbours that when they hear the unusual noises at night, they must check me because it might be people hired by my husband to come and kill me. I have these fears all the time."

Another chose to avoid the rapist (an ex-boyfriend) as a self-protective strategy:

"I don't trust him to come near me again, so it's clear that I cannot go to town freely because he is working there. So, I decided to avoid going to town except for important matters."

Other self-protective strategies were reported as follows:

"A raped person needs to know that people understand and will not insult her about rape, but even if it is your mother, if you know that she will not understand

and will insult you or blame you about it, then protect yourself and never tell her if need be."

"You become more responsible about yourself and even other people's actions. You tell yourself that I need to feel comfortable, and be responsible for the action of that person who is coming to your direction, even from the way he walks. You can tell what he is thinking and decide to take the action that you need to take."

Relocating or looking for a better and safer place to live is another self-protective strategy, reported by one participant as follows:

"I'm scared because their son, who is my cousin, is back from jail, but he is very wrong. I don't trust him as a cousin anymore. What if he wakes up at night when everybody is sleeping and rapes me? I must protect myself before anything like that happens."

Most participants undertook conscious self-protection strategies to protect themselves and their partners from the possibility of HIV infection:

"Taking the AIDS prevention pills was important for me, because I realised that the chance of being infected was reduced each time I took the pills. I hate taking pills normally, but this time, I told myself if it was the only way to prevent getting AIDS, then I had to finish all of them religiously. So I took them all."

Another reported her fear of HIV infection – and of dealing with it – as follows:

"My main fear was that he had infected me with the AIDS virus. I came late for the second course of treatment. I was so hurt when the nurse told me that they could not give me more treatment for that. I then decided to go and attend community classes on HIV and AIDS that was offered in my community. I did that to empower myself with knowledge about the AIDS virus."

Women used many strategies in order to regain what was lost during the rape as described in the narratives below:

"In fact, it's only when you can joke about it that you feel better. For instance, with my friends we always joke that the rapist last had sex when he raped me."

My friends would say 'Ay Pinky, Radebe [not real names] last had sex the night he raped you, because there are no women in jail'. We would laugh about it and it feels okay. But had I not opened up and started joking about it myself, they would talk about it behind my back and each time I saw them laughing I would think that they are gossiping about me."

Talking and joking about it was a strategy that many women adopted to regain what was lost following the event of rape:

"Talking to my colleagues at work has been very helpful because they supported me from the first time I told them. We talk about rape and the issue of salaries and promises that are not fulfilled. Colleagues who are not supportive can make life miserable and can stop you from becoming better, especially if they talk behind your back. I was afraid that such would happen to me, but it did not. My colleagues come to me. They ask how they can help. All these things help me feel that I am still the same person."

Participation in the research and being given an opportunity to talk about how they felt was also reported as a strategy to regain their voices lost during the event of rape and thereafter. This demonstrated the value of narratives as a healing strategy following traumatic experiences. Two participants described this as follows:

"I also think coming to these sessions helped me, Sine. It helped me to take out stuff inside me and say it to you. Some of the things I could not share with my husband because they were about him, but when I came to you I could share those with you. I also noticed the impact of other things which, if you did not ask me about, I would not have known how bad or hurting they were to me. I was not aware just how much I was hurt by my sister-in-law's gossip. Until I spoke to you, when I realised that it was draining me emotionally. When you asked me what has not been helpful in my healing and I told you about it, I realised how important that question was. I left your office knowing that if I want to heal I must deal with anger I had inside about her."

"Yes you did explain that this is not therapy, but what I mean is that at home, I never get someone asking me to see how far I am in my journey to becoming better. They just ask how I am doing and if I say fine, nobody asks further like you do. To me, that has been helpful. Each time when I come from your office it feels like I vomited out all the pain knowing that I won't hear it coming from the 'crèche mistress' (the one told by sister-in law). I learnt so much from your questions and even when we finish this, I think I will keep on checking myself. I will look out for those things which keep me from healing, so that I can kick them off and concentrate on living my life normally".

Talking about the event was also reported to be a strategy to reduce stress for some participants, such as the following:

"I am feeling better now because I talk about this to my friends without feeling ashamed or embarrassed. I have told them everything because I want to take away the stress."

Another strategy reported to help the women regain what was lost during the event of rape was prayer, as indicated by three of the participants below:

"The prayers, mine, my family's and the pastor's prayers, helped me to where I am now. I was praying from the very first time this man raped me. I prayed that God saved my life. I prayed that He helped him not to kill me and that God forgave him for all he had done. Praying has been my tool to go through this."

"I am a believer in God and supernatural powers such as my Ancestors. Yes I had a will power to forget about the rape, but there was a God or Ancestor out there to help me get where I am. I knew that nobody could take away the pain. I prayed to both God and Ancestors to take away the pain and grieving. I know that my prayers were answered as I speak to you now."

"Praying and believing in Christ was also very important for me to heal. This trauma is so painful, you have to throw all the pain to God to help you deal with it. I did and it helped. My husband and my mom could support me all they can, but the only person who took away the pain away was Jesus Christ."

Availing one-self of support and spiritual care was also reported as a strategy to regain what was lost during the event of rape as follows:

"I thought that just like I got medical treatment to prevent HIV and sexually transmitted diseases, I needed to get spiritual care in order to deal with my healing faster. I got the general support from my family and my colleagues, so I had to avail myself and seek spiritual care from my pastor and pray to God for spiritual care. The church provided me with all the spiritual care I needed in order to be where I am now. When I regained the spiritual sense and spiritual part of me and I felt better."

6.2.5.4. Consequences

The subcategories of 'gaining what was lost' which were interpreted to be related to consequences included the following: forgiving self, stopping blaming self, progress in the journey of recovery from sexual assault. These are illustrated the following excerpts:

"One thing that I did and found to be helpful in reconnecting with my old Maru [not real name] was to forgive myself. I was blaming myself for having reported him to the police. Deep inside I felt that I needed to forgive myself for feeling guilty, I had not done anything wrong, he did."

"I have forgiven myself and stopped blaming myself. There were times when I blamed myself for doing nothing to stop that man. I could have screamed or fallen off the bicycle. I have stopped blaming myself and forgiven myself for doing nothing."

"After receiving spiritual counselling from my pastor, I realised that I needed to forgive myself first. Forgiving myself for having doubted God's presence and questioning His reason for letting that happen to me. I needed to forgive myself before I could ask Him to forgive myself."

6.2.5.5. Summary of concept 'reclaiming what was lost'

In summary and using the paradigm model, 'reclaiming what was lost' can be summarised as follows:

Main category: Reclaiming what was lost.

Causal conditions: Identified aspects that were lost as freedom to walk freely, lost spiritual self, lost of trust and loss of power to defend self, and personal biographies such as one's religious beliefs and motivation.

Context and intervening conditions: Supportive and non-supportive environment and behaviours of others, identified as similar to those discussed in the previous categories.

Action/interactions: Reconnecting with self, praying for healing, learning to trust men again, taking precautions all the time.

Consequences: Stop blaming self, stop blaming God, forgiving self and progress or regress within the journey of recovery from sexual assault.

Women's Journey of Recovery from Sexual Assault Trauma

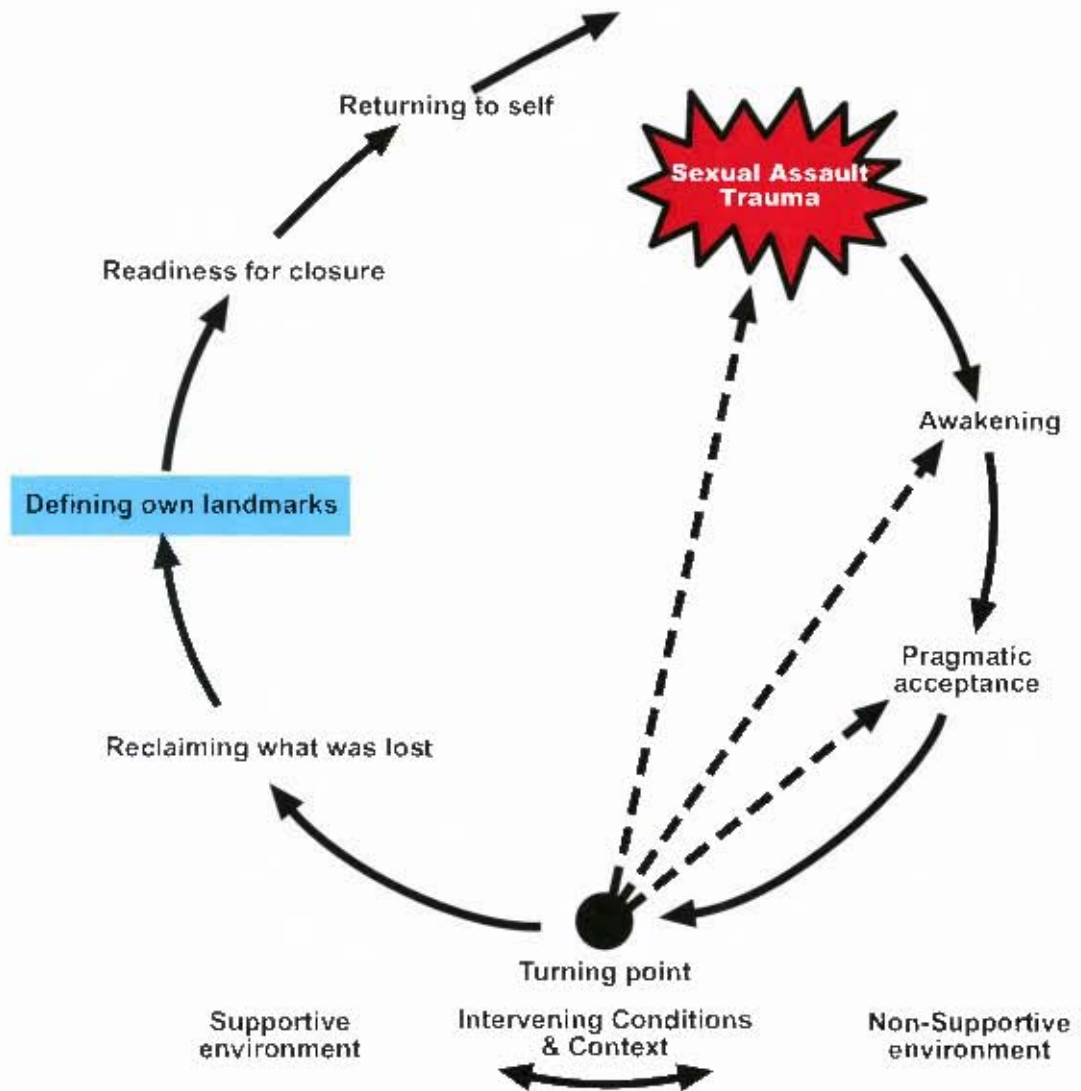


Figure 6.7: Defining own landmarks

6.2.6. *Defining own landmarks*

The concept of 'defining own landmarks' in the journey of recovery was constructed from the following words and their meaning: 'defining', which means to make clear or declare exact meaning (The Concise Oxford Dictionary of Current English, 1964: 319), and 'landmark', which means an object or event marking a stage in a process or a turning point in history (The Concise Oxford Dictionary of Current English, 1964: 677).

In this grounded theory, the women's journey of recovery from the sexual assault trauma, the concept 'defining own landmarks' was identified from different descriptions by the participants, relating what they would regard as recovering from sexual assault trauma and/or the meaning they attached to the experiences they were describing. These descriptions and their interpretations were crucial in answering the research question: What meaning do women attach to their experiences during the first six months following the event of sexual assault? The descriptions were analysed and grouped into categories and subcategories named 'defining own landmarks' for recovering.

The categories and subcategories under 'defining own landmarks' of recovering from sexual assault trauma included the following: being able to talk about the event of rape without feeling pain; having a good appetite and weight gain; acknowledging the time needed for the grieving process; getting out of the grieving process; remaining HIV-negative and maintenance of negative HIV status; and readiness to confront the rapist and readiness to forgive him and restoration of 'blood' (health).

Being able to talk about the event of rape without feeling the same pain that one felt earlier when talking about it was reported as a landmark of recovering:

"I think I am healing well. I am now able to talk about this without feeling bad. When I talk about it, it's like I am talking about something that happened to me in my childhood or long ago. You know [silence and thinking] like when a successful person tells you about how he or she went to school without shoes, and how painful that was, without actually feeling that pain again. To me that is healing. That is, if I can talk about the pain that happened to me when I was raped without actually feeling that pain any more. You know, I was telling another woman I met at the clinic on our way back from the clinic about my rape story. She looked at me and said, but you do not look like you were raped and you do not even look like you felt the pain. Then I knew I am better now."

Another reported being able to talk about the event of rape and feeling no negative emotions as her landmark of recovering as follows:

"I know I am better now because I can talk about it to my friends without feeling embarrassed or ashamed. ... I feel alright now. It is not like when this first happened."

Another participant had the following to say regarding being able to talk about the event of rape without feeling pain as her landmark for healing:

"Now I can say I am alright because I now talk and chat about it [rape] with others at work. I have told all those that I am working with. Now even if I talk about it [rape], there is no pain, it's as if I am just relating the old story. To me, that is healing."

"Restoration of blood" (or health), appetite and weight gain were reported as another definition of the landmark of healing:

"I feel alright now, it's not like in the beginning, and I do not think about this thing the way I used to think before. During that time I used to think about it always. I was always not happy, even my weight, I just think, I saw myself losing weight."

Now I have gained weight, I have returned to my blood [explained as health]. I lost appetite, but now, at least I eat, I don't have any problem."

In response to the researcher's comment about how the following participant was gaining weight, the participant demonstrated weight gain as a landmark for healing:

"Yes, I have noticed it [beaming with smiles]. It [weight] happens on its own. People say that it means I am dealing with the rape and the grieving period well. From what they say, then I know that it is a good sign. Others say it means that I am getting better. I can also feel it myself ... I think it goes with the healing of the heart."

The following participant also reported regaining her appetite, gaining weight and doing things that she used to do as positive landmarks of recovering in her journey of recovery from sexual assault:

"I've gained back my appetite, it's coming back nicely. I did not like food, I found that after sometime the things I used to do are coming back, I started going out, doing window shopping, and all things that I could not do anymore since the rape. My life was – to go to work; come home; listen to the radio. At work, during lunch, I would sit alone, play games on my cell phone or listen to the music from my cell phone, but not talking to anyone. Now I join others during lunch, enjoy with them like before. I see that Maru [not real name] is back. I think that is healing for me."

Acknowledging the time needed for grieving and healing was also reported as defining the landmark of healing:

"From this time to that time, I need to grieve the loss of that part of me, if it takes me three months or longer, so be it. You should not put time limits. Give yourself time and space to move from one stage to the other. But I must say you need to give yourself time to grieve. It's only after you have gone through that stage that you get to another level which I think is healing".

Another participant spoke about time as a landmark of healing in the following statement:

"Time on its own is helping me with healing. I believe that time is healing... knowing that you will be healed completely after some time."

A landmark of recovering was defined in the following report, when the participant was responding to a question about what she considered as recovery:

"To start socialising with people that you used to socialise with before the rape and stop thinking about the rape all the time. You tell yourself that it [rape] will go away, even if it takes three months or longer, but eventually it will go away."

Being declared HIV-negative and wanting to maintain the negative HIV status at all costs was reported as a landmark of healing. Most of these women had never been tested for HIV before. Knowing about their HIV status following rape made them realise the risks they had been involved in before the rape. Some started to review their relationships or sexual behaviour of their partners to make sure that they remained HIV-negative. This concern is captured in the following statement:

"If the second HIV results were to come back negative in March, I will know that the whole thing is over. If they were to come positive, yuu! That will be a disaster... I will be relieved after those results and only if they are negative."

Knowing about her negative HIV status and maintaining it as negative throughout the subsequent tests was a landmark of recovering for another participant. At the end, she had to stop her relationship with her boyfriend in order to maintain her HIV-negative status, after reviewing his behaviour and finding it to be risky:

"Knowing that I am HIV-negative after the last test will be healing. For now I cannot put my life and my kids' life at risk. 'Cause if I go out, then I put myself at risk, including HIV and dying with AIDS. Who will look after my kids when I am dead?"

Another participant recognised the HIV-negative result and desire to remain negative as a landmark of recovering:

"I went with Shelley to check the results and [smiling triumphantly] they are negative, I don't have AIDS. I was very relieved when I realised that I am healthy and am still going to live longer. I don't want a person who will come to me asking for love before he does an HIV/AIDS test. Anyone who wants me must go for blood test and bring the results or I will remain a single person. ...The final negative results marked my healing and restoration of my life."

Another made the following comment about the HIV-negative results as a landmark of healing:

"After doing the last HIV test and getting negative results, I can say that I have relief and I feel much better. All the fears are gone. I am healing very well."

Readiness to heal and readiness to confront the rapist and readiness to forgive him were also identified and defined as a landmark for recovering. This landmark is a woman's attempt to engage with a traumatic situation in a way that restores a sense of control. A participant described this situation as follows:

"To me, it means being able to look back and say, 'God saved me for a purpose and I am going to look for that purpose in my life until I find it'. I am in that space where I can say I am ready to heal ... that also means looking back to that day and realising how angry and sick that man was. I think he needs to be forgiven and be prayed for. It is what I think I should do to release myself from hatred and anger. It's for God to deal with him, mine is to learn to forgive him [the rapist]. I know that with time I will be able to say that I have forgiven him. When that happens, I will know that I have completely healed."

The response below identifies the need of the participant to confront the rapist as a landmark for recovering:

"That person has not been found. But I still need to see him. I really wish to see and ask him what he was thinking when he first seemed to be a helpful person. What went to his mind? When he walked with me I did not think he could turn against me. Walking with him was not a permission for him to do such a bad

thing to me; that is why I wish to see him. I don't know what I can do to him but I need to see him. I think that maybe I will be completely healed if I can talk with him. Really, I will not feel better completely until I see him arrested. I had not given him permission. In fact he did not even ask for sex, he just grabbed me. I don't know what happened to his mind."

Below is a response from another participant with regard to readiness to forgive the rapist, who was also her boyfriend at the time of the rape:

"I am ready to forgive him as long as we do not get back together. I think that we are not good for each other. We fight, forgive and fight again. I want to forgive him and move on with my life. Since I started thinking about forgiving him, I feel better and better. I think forgiving or getting ready to forgive is like getting ready to heal".

Readiness to forgive the rapist as a landmark of healing also had conditions to be met. These were reported by some participants as follows.

"People do not realise how important it is to apologise. I think even Radebe, if he were to say I am sorry that I raped you, stabbed you and killed your child, perhaps maybe perhaps I could forgive him too. But how do you forgive someone when he or she does not apologise? But his is a different story of course. What will make forgiving him difficult are his continuous lies about why he raped me and killed my son. He wanted body parts for muthi and had to get me drunk and kill me in order to get my child. I am sure he thought I was going to die when he left me there. Only God can forgive such an act. But, I know that one day I will need to forgive him for that in order for me to get over this properly. I know because I was very angry with my mom and uncle, but until I told myself that I needed to forgive them, I managed to deal with them, which is why I am now staying with my mom peacefully. Forgiving heals."

Another participant, identifying readiness to forgive the rapist as the landmark for recovering, stated:

"It's only when you forgive that you can go on with your life. It's just that it is difficult to forgive fully when that person has not come and asked for such

forgiveness. I wish he could be caught and he could just say why he did it and apologise for it. That will make it much easier to forgive him... Even if he gets caught, how will we know if he has repented or not?"

The following participant's response also described forgiving as a landmark for recovering. The irony of her response is that the rapist was already dead when she spoke about forgiving him. He had been killed by the community members in what is known as a 'kangaroo court' as punishment for raping women and for other crimes within the community:

"I want to start with forgiving. For me, I do not see how I can forgive him because the first question I asked when something like this happened to me was 'why me?', I did not even know that person, I had never done anything to him for him to have done something like that to me. Worse thing is how do you forgive a person who has never come to you to ask for forgiveness?"

The participant below was raped by her husband. Although she recognised the value of forgiving as the landmark of healing, she also had conditions that kept her from fully forgiving her husband. Her case was also complicated by pressure from her brothers-in-law and even her own sisters:

"If I forgive him and he comes and kills me, his family will not be there, what will I say I was doing? The worse thing is that he says he is not guilty of raping me. So, I don't know what his brothers are saying to me when they are asking me to forgive him. How can I forgive him if he is not guilty of raping me? My sisters say they will go for his bail application ... It would be better if the old man [father-in-law] was saying they [brothers-in-law] must take me to my husband [in court] so that he can apologise. Then I could tell him that because of this and that, I do not accept your apology".

6.2.6.1. Summary of the concept 'defining own landmarks'

In summary and using the paradigm model, 'defining own landmarks' for recovering can be summarised as follows:

Main category: Defining own landmarks.

Causal conditions: One's personal biographies and experiences.

Context and intervening conditions: Supportive and non-supportive behaviours (such as pressure from others) as well as the supportive and non-supportive environment.

Action/interactions: Identifying own landmarks and acting in the manner that showed that the landmarks represented recovering from sexual assault trauma.

Consequences: Readiness to forgive the rapist and to forgive self and the ability to move to the next phase, which is 'readiness for closure'.

The cultural background was identified as an important subcategory under the causal condition of the category 'defining own landmarks' for healing or recovering. Most of the subcategories identified as landmarks for recovering were in contradiction to what the Western literature specifies as behaviours of women recovering from sexual assault. For instance, gaining weight and regaining good appetite is regarded as the development of eating disorders in Western literature. In this study, gaining weight and regaining good appetite are regarded as signs of recovering. This is further explained in the discussion Chapter 7.

Women's Journey of Recovery from Sexual Assault Trauma

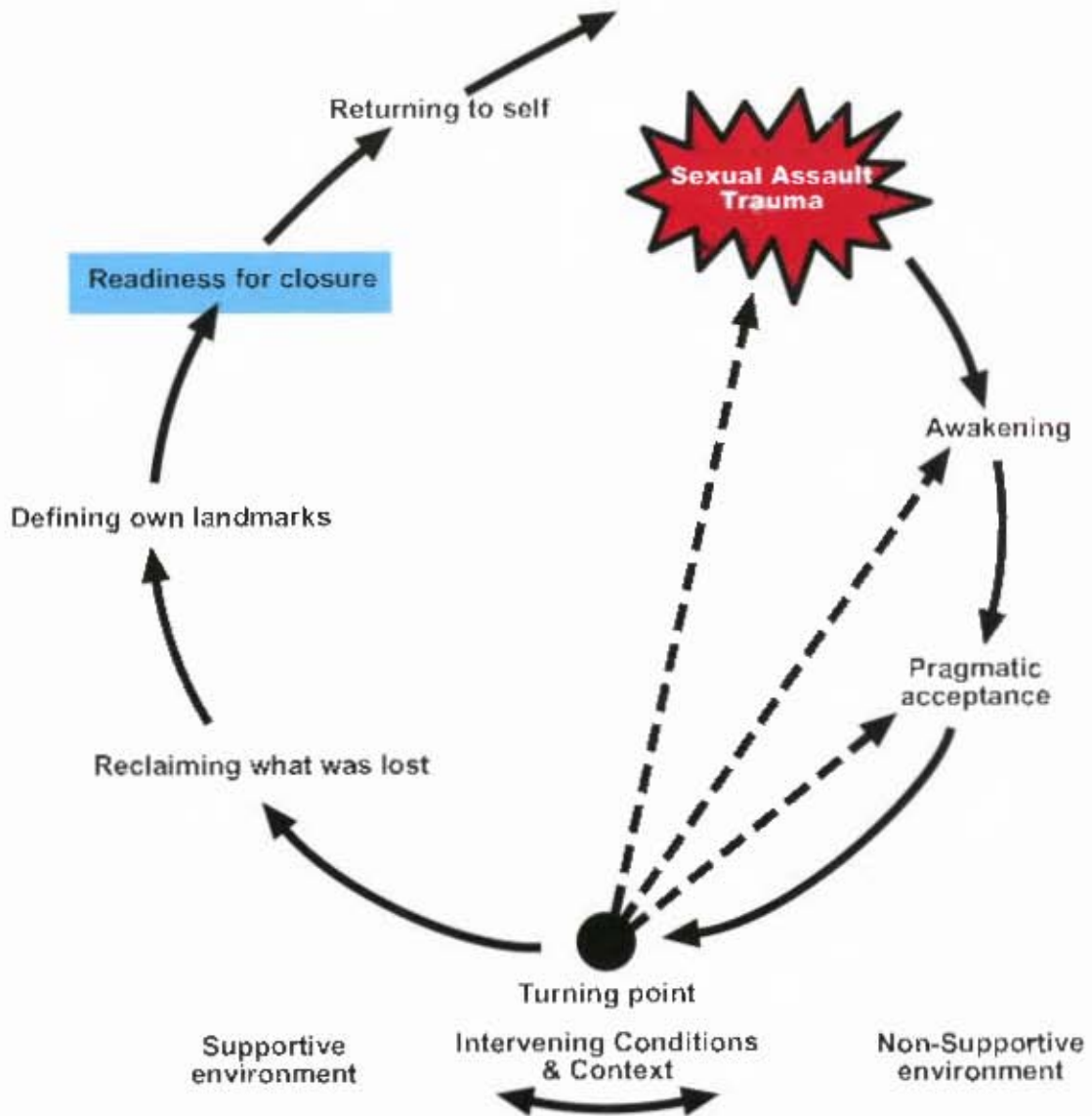


Figure 6.8: Readiness for closure

6.2.7. Readiness for closure

The concept of 'readiness for closure' was derived from the two words 'readiness' and 'closure'. 'Readiness' means willingness (The Concise Oxford Dictionary of Current English, 1964: 1028), and 'closure' means conclusion or bringing to or coming to an end (The Concise Oxford Dictionary of Current English, 1964: 226).

The concept of 'readiness for closure' was coined as such because it was recognised that at the end of six months (the study period), the participants had not reached closure, although some of them described willingness for closure to happen. One study participant questioned the possibility of closure in the following comment:

"Saying I have put closure or healed fully....well in a way, yes, but I can't say fully 'cause I would not know how it feels to be fully recovered. For instance, I thought I was fine and have put all this behind me, until last week. I met this guy. He is the policeman who helped me on the day of the rape. He said 'Do you remember me? I met you there [pointing to the direction of the rape site five months ago]. What happened to you? Suddenly I felt that jolt. It seemed as if the rape that happened that day was happening then. So, I guess there will always be those things that remind me. ...but besides that jolt, I am moving on well."

Readiness for closure was also found among other people than the participants. These people included the participants' partners, their significant others, and some community members and community service providers. The readiness for closure had subcategories such as the desire to see justice done, willingness to see the rapist imprisoned and sentenced appropriately for what he did, and God doing something to the rapist or religious justice.

Based on the participants' voices on willingness or readiness for closure, it was concluded that readiness for closure is a reality for most women. However, when anything that remotely resembles the event of rape or trauma happens, the memories of the rape incident are brought back. The following statement describes readiness for closure:

"But I know that one day I will need to forgive him for that which he did to me, in order for me to get over this thing properly. To get over this, is very important to me."

Another participant further explained her readiness for closure in the following statement:

"I am alright now. When I can't sleep at night I don't even think about the rape. I think about my life and my daughter's life. I do not think about what happened then. That tells me that I am now alright. That rape thing is over. I have accepted it as God's plan to protect Pamela [not real name, a friend]. I'm living with that now. I think for purposes of closure, it is important to accept what has happened to you so that you can move on. You must be able to identify things that you are not yet ready to deal with."

Having future plans and a willingness to start afresh were also interpreted as 'readiness for closure' from the following participant's comment:

"The move to East London helped me getting ready for a new life. I am back home and I am starting a new life."

Another participant who viewed future plans as closure commented as follows:

"So, now that I think I have grieved enough for the loss of that part of me, I can concentrate on what I need to achieve for myself and my kids. I need to improve my education because I only have Matric [grade 12 level of education]. If there is one positive thing that came out of this rape ordeal, it is that it gave me time to re-evaluate my life, what I need to do, what I do not need, and I am now more future-orientated."

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Having future plans and forgetting about the rape ordeal were identified as readiness for closure:

"I have future plans with my life and my baby, and it does not involve anything to do with that rapist whether they catch him or not. Even if he gets caught, how will we know if he has repented or not? It's better not to know anything about him. For me that is healing. That is to forgive and forget everything about that day."

Seeing justice done was another important category under 'readiness for closure':

*"I wish he could be caught [by the police] and he could just say why he did it and apologise for it. That will make it much easier to forgive him. So what I did, I chose to just forget about his face and how it looked like. I realised that **that** worked for me because when the detective came to ask us to come and identify him, I refused because I realised that I have forgotten how he looked like."*

The same participant explained her husband's 'readiness for closure' as seeing justice done:

"The detective came to ask us to come and identify him. I refused because I realised that I have forgotten how he looked like. My husband wants to go but they have not come with a date as yet. I asked him why he wants to do that. He said perhaps that will be the only time he can ask him why he did it and put this behind us."

The participant whose child was kidnapped and killed during the event of rape, gave the following statement about seeing justice done:

"I am getting better though, I know. I always do [get better]. When my first child died, I thought I was going to die too, but with this one, no I am not going to give up. I will go to court and face his murderer and my rapist until the end of the case. If he can't be punished for raping me, at least he must be punished for killing my baby. Only then will I find peace within me."

The need to see justice done as 'readiness for closure' was accompanied by a lack of trust in the legal system, which allowed the rapists out on bail or gave

them minimum sentences. This is what one participant had to say about the justice system:

"No, the last time we heard from the detective, the man was still on the loose. He was not yet caught. It is too bad that he has not been caught. But sometimes they get to court and get out on bail. So where is justice in that?"

Seeing justice done in a religious sense was explained by a participant in the following comments:

"I cannot say I am there yet, it's just that what I think I should do to release myself from hatred and anger. It's for God to deal with him, mine is to learn to forgive him. I know that with time I will be able to say that I have forgiven him. When that happens, I will know that I have fully healed."

Wishing for justice from a religious angle, another participant commented:

"I am sure he thought I was going to die when he left me there. Only God can forgive such an act."

This need for justice to be done was reported to be important not only to the women, but also their partners. Men took it as their responsibility to ensure that justice was done. Seeing justice done did not only refer to legal justice or religious justice, but also to the partner avenging what happened to the woman. That could be in the form of physical violence directed to the perpetrator:

"They [partner and brother-in-law] are both convinced that they will find the guy who did this to me through their connections. They will deal with him if they find him before the policemen do. Right now I think the police should get him first. Otherwise the two [partner and brother-in-law] will end up in jail for what they intend to do to him."

The partner of the following participant also wanted to see justice done and wanted to take justice into his own hands, as indicated in the following comment:

"He keeps saying 'if I knew this guy who did this to you, I could have long taken care of him! And I would feel much better. The fact that I do not know him, I walk down the streets, looking for someone I do not even know!' I am like, why do you bother? This revenge and anger creates problems for the two of us. Sometimes I do not even want to talk about this thing, but he keeps on asking about the identity of this man. He sometimes wants us to just drive around and look for him. When I refuse then he becomes very angry. Now it's like I am 'protecting' the rapist. I keep telling him that for me, I do not mind never seeing this person ever in my life again! He has got this personal vendetta and it does not go away. He takes it out on different unrelated things."

The partner of the following participant was reported as having even considered killing the rapist, despite his deep beliefs as a Christian:

"He was even contemplating killing this person, saying if he could see him, he can go and borrow a gun from a friend and kill this man.... His case of anger was bothering me, I was asking myself why he says he is a Christian if he cannot forgive or even accept this."

A partner of another participant also wanted to see justice done by taking it upon himself:

"He [partner] was not right, it was stressing him, the whole thing. He went out looking for this man using the name he gave me, but when he found Whitey, and it was clear that it was not the rapist ... He wanted to find him so desperately. He could do anything to get him."

The community members also had a desire to see justice done, as explained in the accounts of two participants below:

"The community members attend the court proceedings and when I heard that they were there outside singing, that served as a source of strength for me."

"Last week the women marched to the police station to complain about the rapist and they demanded that he be caught and dealt with by law."

In another case, the community took justice into their own hands because the legal system was seen to be failing, based on the fact that the perpetrator kept on getting out on bail:

"You know the person who raped me died about a month ago. He was caught on the other side of i-Litha Park busy with his hooligan ways. He was breaking into people's houses. They caught him and they beat him up. Seemingly the police arrived. They took him to the day hospital. He was transferred to Groote Schuur Hospital. He died there."

A major observation made during data analysis, and inserted in different theoretical memos, was that all participants reported the rape to the police. None of them withdrew the case, even when they were pressurised to do so by the family or others. This observation confirmed the participants' desire to see justice done.

Another observation was that the TCC and the whole system, including the legal and social services and health system, all worked together in the management of sexual assault survivors. This ensured that forensic evidence was collected accurately, physical examination was conducted and documented accurately, history and statements about the incident of rape were documented accurately, and participants were well informed of the progress of the case to the court of law. The investigating officers, nurses, doctors and social workers all worked together to ensure that justice was done.

The duration of the study was six months following the event of sexual assault. Although some of the participants had appeared in court, none had had a final sentencing of the rapist. The legal cases were still continuing. Therefore, it could not be confirmed that if justice was done, closure would follow. For instance, the participant whose rapist was killed by the community reported a temporary relief

when she heard about his death, but she later reported other, different needs in order for closure to occur.

Her comment regarding the killing of the rapist by the community members was as follows:

"I felt sorry for that person but at the same time I am relieved because now I can go about knowing very well that I will never see him in my life again. I used to think about what I would say if I could see him."

Probing question (from the researcher): "Are you saying that you felt sorry for him?" Participant's answer:

"Yes, I was never for kangaroo courts - sometimes they punish a person for something he didn't do. It happened to my brother, so I never liked it. I always think that person was not normal mentally for what he did to me. A healthy person will never do that to another person. I just thought he was not normal in his head."

"In a funny way it helped me to move on really! I felt a relief of some sort and knew that I had to go on with my life freely. I will not be looking back when walking, wondering where he is, and will he do it again? So, his death made me much better. It helped me."

Three months after this interview, data from the same participant indicated that she was still in 'readiness for closure'. Like most other participants, she had not achieved closure. That supported the researcher's interpretation of the reality, that at the end of six months participants are still yearning for closure. In this case, the death of the rapist provided only temporary relief, and not complete closure.

6.2.7.1. Summary of the concept 'readiness for closure'

Using the paradigm model, a summary of the 'readiness for closure' category of the journey of recovery from sexual assault is as follows:

Main category: Readiness for closure.

Causal conditions: Personal biographies, Christian beliefs regarding forgiving.

Context and intervening conditions: Supportive or non-supportive environment, such as family and intimate relationships, supportive or non-supportive behaviours of significant others. The legal system and availability of community services were also found to be subcategories related to the context.

Actions or interactions: Confronting the rapist, demanding apology and preparing self for closure.

Consequences: Moving to the next phase, such as readiness for returning to the 'old self'.

Women's Journey of Recovery from Sexual Assault Trauma

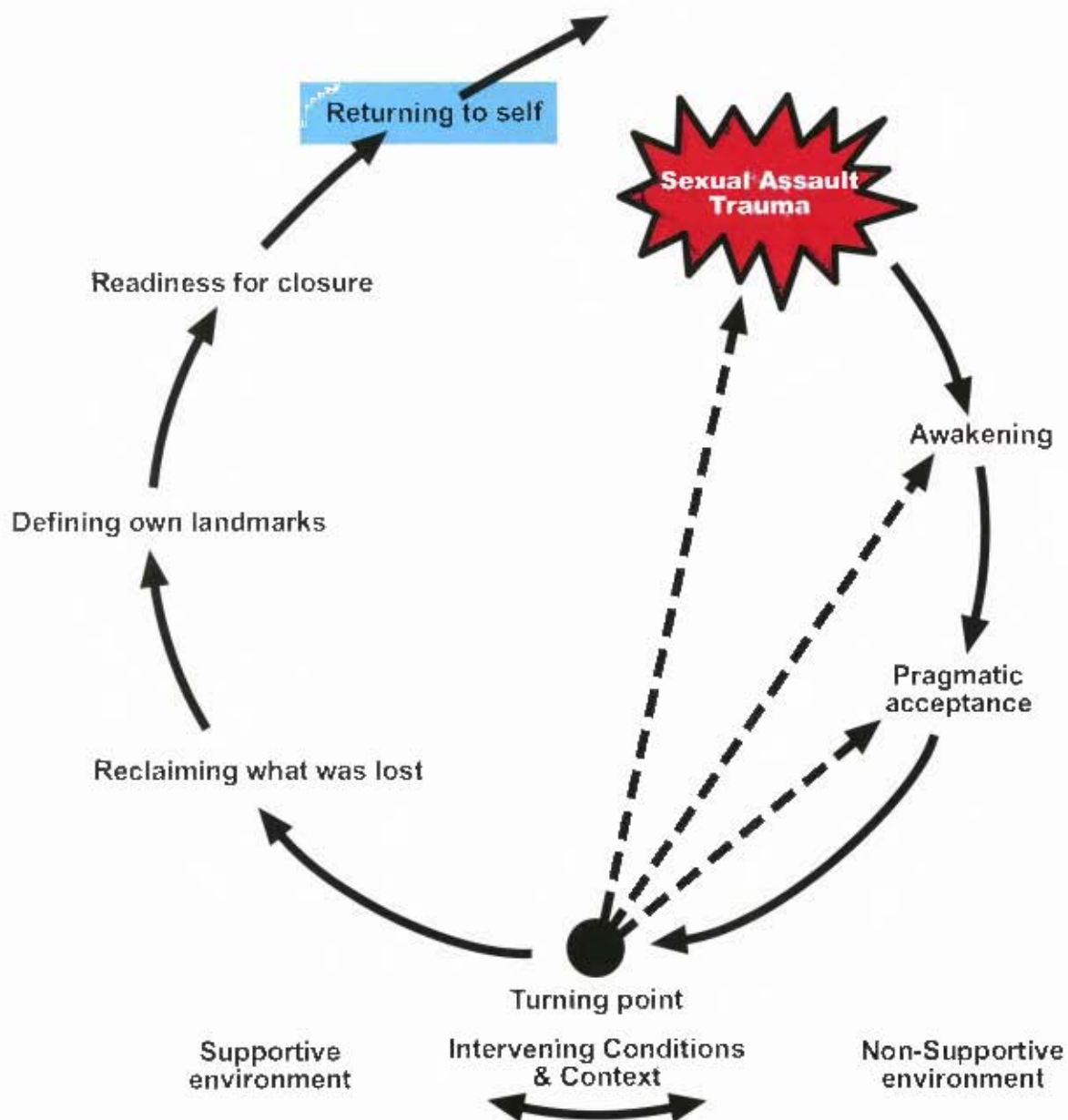


Figure 6.9 Returning to self

6.2.8. Returning to self

The concept of 'returning to self' was constructed from the two words 'return' and 'self'. 'Return' means come back (The Concise Oxford Dictionary of Current English, 1964: 1066). 'Self' means persons' own individuality or essence, which is all that makes a thing what it is. 'Self' also means a person as object of introspection or reflective action (The Concise Oxford Dictionary of Current English, 1964: 1148).

Interpretation of all the subcategories that related to the participants' goal of undertaking the journey of recovery from sexual assault trauma resulted in a group under the category 'returning to self', which became one of the concepts of the emerging theory.

Subcategories of the concept of 'returning to self' include the following: participants defining themselves as a survivor or 'old' self rather than as victims, refusing to be defined by sexual assault, being strong in order to return to the old self, wanting my life back, selection of helpful strategies to return to self, be an ideal self, and acknowledging triggers that would always be a reminder of sexual assault trauma.

The participant's description below demonstrates conscious decisions taken in order to achieve the goal of returning to self:

"I chose to ignore whatever was not helping me in a way of grieving or dealing with the situation. I knew what I wanted, I wanted to have my life back, and I had to concentrate on that all the time".

The following statement also relates to the participant's main goal in embarking on the journey of recovery from sexual assault trauma:

"He is just genuine in everything. He sometimes says that when he saw me stronger, he realised that he needed to be strong for me to rely on him and not

him relying on me for support. Meanwhile I also thought I needed to be strong for him who has watched or experienced such a disgusting thing happening to me, while he was watching with hands tied and could not do a thing for me. That became my main goal, to be strong and try to return to my old self for myself and for him as my husband”.

Refusal to be identified as anything associated with sexual assault, whether a sexual assault victim or sexual assault survivor, was described by one participant as follows:

“I do not look at myself or define myself as Zo [not real name] the rape victim, or Zo, the rape survivor. I am Zo for all my other attributes. What happened to me does not define who I am. It is something that happened just like all the mishaps which happened in my life which I want to forget. That is what I want to be, myself!”

Another participant reported yearning for returning to her 'old' self, and the different aspects of the 'self' that one was before and is after the experience of rape, in the following statement:

“Without their support, I do not know where I will be now. My sisters-in-law [husband’s sisters] were also very supportive. They are more like my big sisters. They still come and visit us now and again. All this makes me realise that I am still my old person, I may have changed from the rape experience, but I have not become someone else, or something else, I have remained me, i.e. me, my husband’s wife, my parent’s daughter, my siblings’ sister and me, a mother to my expected child. I am me, Sine! [hugging herself in emphasis]”.

The following statement illustrated another participant's returning to self:

“I think I have reached a point where I am able to say, okay he raped me, but I am still myself, and I am not going to let anyone to make me think otherwise. ... I see that the Maru [not real name] I know is back.”

For yet another participant 'returning to self' meant leaving what she used to do before the event of rape, and becoming an ideal self or the person that she has always wanted to be:

"I think the major change in my life is that I am no longer a carefree, old me, because I have stopped going out at night, I am scared that the same thing or worse will happen to me. Besides I have to be there for T my daughter all the time. That is my biggest aim, to get over this and be a new person and a real mom to my baby girl. It is my focus to return to her and be a good mom that I have always wanted to be. To be a responsible person, I have always wanted that, Sine."

Being a survivor was also interpreted as a 'returning to self', as illustrated in the following statement:

"Having said that, I don't mean the same person, Sine, as if nothing had happened to me. I mean all these people treated me as if I am the same person, but I also know that I am a different person now. I have learnt a lesson of being near death and come back. I am a survivor."

The following comment further extends the interpretation of what it means to be a rape survivor:

"I have since learnt many things from the rape experience. That is what I call recovery or being a rape survivor. But I guess that's me. I always look at any dark cloud in my life such as the rape experience for its silver lining! You know what I mean. To me, it means being able to look back and say 'God saved me for a purpose and I am going to look for that purpose in my life until I find it'. I am in that space where I can say I am ready to heal, ready to be a new person. That for me is what being a survivor means to me."

Acknowledgement of the presence and intrusive nature of the memories of the event of rape in their daily lives was highlighted by the following comments:

"I have overcome that now. I think I had to deal with my own fears and issues of rape then. Those fears are now gone. I still have memories of everything, and I

think they will always be there, just like all memories of things that happened to my life."

"I still think about it, but it is just thoughts and not fear and anger as when it had just happened. These thoughts come like when someone talks about any crime that happened in the neighbourhood. For instance, if there was a break-in in one of the neighbours. To me it just feels like it was the same person and no one else [laughing]. So yes, things as minor as those remind me of the event, but as I say, just memories not pain."

Certain reminders of the event of rape were identified as follows:

"The wounds are not healed because when I wash myself I touch where they were and that reminds me of everything. The one under the breast is the most painful one. Just a look at all the scars I suffered through his hands reminds me of everything."

The above statement was given at the end of six months, when in actual fact all the physical wounds had healed (as confirmed by a physical examination). This statement highlighted the fact that anything that remotely or otherwise resembles the experience of rape should be avoided. The problem in this case, and all other rape cases, is that the reminder is the woman's own body. Each time she washes her body, she is reminded of the rape event.

In the following comment, another participant reported how a simple act such as passing the police station reminds her of the event of rape:

"When I am going to Khayelitsha or passing by the police station, the events of that day [day of rape] come back."

Another comment regarding the memories of the rape event was the following:

"I am scared of noises. For instance, I am working in theatre. When I hear noises or screaming (during performance) it feels like I should close my ears because it reminds me of the rape itself and how I was screaming under him. One of the plays playing now, is about rape. It reminds me of my case all the time".

This participant started looking for a job in a different environment, in an attempt to avoid reminders of the event of rape.

6.2.8.1. Summary of the concept 'returning to self'

The subcategories under the concept 'returning to self' were many, and included the following:

Main category: Returning to self.

Causal conditions: Individual's personal biographies with, as explained earlier under other concepts, a strong willpower, and identified perceptions of self to return to, e.g. to become a good mother, etc.

Context: Supportive environment, including partner, family and community members.

Action/interactions: Making decisions and taking action to achieve the goal of returning to self.

Intervening conditions: Intrusive memories and triggers such as the scars of the old wounds.

Consequences: A concrete definition of what is 'self' after the experience of rape, i.e. self, survivor and new person.

CHAPTER 7: DISCUSSION, RECOMMENDATIONS AND CONCLUSIONS

Introduction

The primary purpose of the study was to explore and analyse the journey of recovery experienced by women who have been sexually assaulted. The secondary purpose was to discover and develop a grounded theory of recovery from sexual assault within the first six months following the event of rape. The main research question was: What constitutes the journey of recovery undertaken by women within the first six months following sexual assault?

The substantive theory was discovered and constructed through the inductive and deductive analysis of data which was grounded on ten women's descriptions of their journey of recovery from sexual assault. The theory is a representation of the researcher's interpretations of the descriptions of the social world of these women during the period of six months following sexual assault trauma. Because this substantive theory is a representation of the women's social world, it has relevance for all service providers who are involved in the management of women who have been sexually violated.

The grounded theory of the journey of recovery from sexual assault is a contribution to the knowledge about women's journey of recovery from sexual assault. It provides a process and language for understanding women's experiences within the larger social context of recovery from assault.

This chapter includes the discussion of the findings and relevant literature and theories that support the findings, the strengths and limitations of the study, recommendations for future researchers and different service providers, and conclusions.

The discussion of the findings addresses the sample and study participants, each component of the paradigm model of the theory and relevant recommendations for future research. Special attention is drawn to the findings which have relevance to the theoretical assumptions of the post-colonial or post-apartheid black feminist epistemology, and those that are significant to the practice of the nursing profession and other service providers involved in the management of women who have been sexually assaulted.

The strengths and limitations of the study are discussed to enhance the transferability of the findings of this study, replicability of the study in a different setting, and applicability of the theory to other areas of women's research and trauma. The limitations are discussed so that other researchers can learn from them and improve on them in future research.

7.1. The sample and study participants

The sample consisted of ten black women with the same cultural background. They spoke the same language and came from different townships in the Western Cape. They reported having originated from the rural areas of the Eastern Cape Province.

Feminist researchers have noted that most research on women's problems following sexual assault has a tendency to universalise the effects of sexual assault on women - as if sexual assault is experienced by women of all colours, races and cultural background in the same way (Neville, Apanierman, Happer & Clark, 2004: 83; Bletzer & Koss, 2006: 5). Such research fails to appreciate the impact of the complexities of cultural background, ethnicity and community on the women's experiences and how they express or interpret their experiences. Use of research participants from the same cultural background was the researcher's attempt to address this issue under the umbrella of post-colonial or post-apartheid black feminism. According to this feminist approach, black women

All participants expressed the fear of being infected with HIV by the perpetrator during the sexual assault event. For most participants that fear motivated them to report the rape to the police and later to health professionals in order to get access to medication for the prevention of HIV infection. Similar findings were reported by Linden, Oldeg, Meht, McCabe & LaBelle (2005: 640), who also concluded that HIV transmission was the consequence of sexual assault most feared by most survivors of sexual violence.

In the sample of ten women, only one tested positive in her initial HIV test following the event of rape. Within one week, she had to deal with the effects of being raped and of being diagnosed as HIV-positive. She was so devastated by the positive HIV result that she tried to commit suicide a few days after finding out about it.

The trauma and devastation experienced by this participant brought to light questions regarding the appropriateness of HIV testing during that critical initial period after having been raped. Is an HIV test that important that it cannot wait until later? Is giving PEP really dependent on a negative HIV result? What evidence supports carrying out HIV testing prior to giving PEP? Answers to these questions could only be found in literature review.

Literature reviewed in search of answers to the above mentioned questions yielded no scientific evidence for testing for HIV at that critical time after rape. For instance, the Rape and Post-Exposure Prophylaxis Review Document prepared by the Centre for AIDS Development for the South African Department of Health in 2003 under the leadership of Ulrike Kistner, was reviewed. It reported no uniformity regarding conditions for provision of PEP among the different provinces and different health facilities, each making its own conditions for provision of PEP.

The Department of Health Policy Guidelines for the Management of Transmission of HIV and STIs are reported to be under revision to address the issue of conditions for provision of PEP. It is hoped that the revisions will not make the HIV test a condition for the provision of PEP and other STI prevention medication. This will prevent the double trauma of being raped and discovering that one is HIV-positive. The findings of this study revealed the negative influence of such a double trauma in the journey of recovery.

In her paper *Challenges in Providing PEP to Survivors of Rape*, Denny (2002) highlighted that rape should be treated as an emergency, but that HIV testing and pre-testing counselling (*but not the initiation of the PEP medication, which should be given to the woman as soon as she presents to the health centre*) should be delayed for at least 24-48 hours in severely traumatised women. This suggests that in emergency cases and in severely traumatised sexually assaulted victims, giving PEP would allay anxieties until the psychological and emotional status of the victim is stabilised enough for her or him to understand the importance of the HIV test, the compliance and adherence to the PEP regimen and all other related side-effects of PEP.

Findings revealed that the abovementioned (HIV-positive) case was different from the other participants in the study. Those participants who checked their HIV results and found them to be negative were very happy with these initial HIV-negative results. For some reason, they associated these first results with the incident of rape and not with their initial HIV status. After thorough explanation by the nurse (some still asking for further explanation from the researcher), they understood the implications of the subsequent HIV tests and the importance of taking the PEP medication fully. Some of the participants did not go for the second or third HIV test.

The confusion regarding the first HIV-negative results and the need for further HIV tests and completion of the prescribed medication has implications for

compliance with the PEP medication and the subsequent HIV testing routine following PEP. Other researchers have shown similar findings of failure to comply with PEP medication and subsequent HIV tests due to misunderstanding the negative HIV result of the first test to mean that one did not become infected during the event of sexual assault (Meel, 2005; Roland, 2002; Wulfsohn, 2002).

Meerkotter (undated) associates this non-compliance with the PEP regimen with lack of knowledge on the part of the victims and survivors of sexual assault. She argues that education and information that links HIV and sexual violence should be given, so as to make vulnerable groups such as young women aware and able to take necessary action and make right choices regarding compliance with PEP medication if the need arises.

The findings of this study also highlighted the benefits of subsequent HIV tests on the journey of recovery for those who continued to have tests at 4 weeks and 12 weeks following the event of sexual assault. The participants reported feeling relieved and associated the subsequent negative HIV results with positive progress in their journey towards recovery.

Further findings revealed that the fear of contracting HIV from the perpetrator negatively affected the participants' progress in recovery. They reported that each time they had to go for the HIV test they were reminded of the rape event and its potential consequence of HIV transmission. Some participants did not go for the subsequent HIV tests. Medication for prevention of HIV infection was also reported to be a constant reminder of the rape event, but all except one participant completed the prescribed 28-day course of treatment.

These findings are similar to those of a study by Meel (2005: 291) in the Eastern Cape. In his study the majority of participants did not come for the second and subsequent HIV tests, and all those who came for subsequent tests and tested HIV-negative completed the medication.

Further interpretation of the participants' data revealed that during the period immediately after sexual assault, the participant or sexual assault victim is severely traumatised. She may not be able to assimilate all the information given to her in a pre-HIV testing counselling session for her to give informed consent to the HIV test. Complications that may result if PEP treatment is given to a person who is already infected - if there are any - should be weighed against the trauma of finding out about one's positive HIV status during the traumatic period immediately after rape. No literature was found to support the suggestion that giving PEP medication to an already infected person has negative effects or complications.

A serendipitous observation from the findings was the women's appreciation of the positive influence of their participation in research into their journey of recovery from sexual assault. They commented that their participation in the research gave them a safe space to talk about their pains and experiences, and that this had influenced their recovery positively. This positive influence was attributed to the value of women telling their story and talking about their pain and fears to someone who can listen. This was supported by Gobodo-Madikizela (4 April 2006), in her presentation "The silent bombs in the nature of men's sexual organs". She stressed the importance and value of narratives in the recovery process. She also recommended that the sexually assaulted women should be given safe environments in which to talk freely about their feelings and experiences and be listened to.

The abovementioned serendipitous observation also highlighted the mutual benefit enjoyed by both the research participants and the researcher during the research project. Carolan (2003: 7) supports this type of mutual benefit between researcher and research participants - what she termed "reciprocity".

The major contribution of the women's comments regarding the usefulness of a space to talk freely is that it can inform the development of new practice programmes for sexual assault survivors. In order to assist women to cope with complex emotional, social and psychological experiences on the journey towards recovery from sexual assault, safe spaces for women to talk freely about what they are going through should be part and parcel of the management of sexual assault.

7.2. The phenomenon: Journey of Recovery

The findings revealed that the ultimate goal of the women's journey of recovery was returning to self. As a result, the women embarked on a series of conscious and subconscious actions to return to the self. The series of conscious and unconscious actions are depicted in the concepts of the theory of the women's journey of recovery from sexual assault trauma discovered and developed from descriptions by the women of their social world after the event of sexual assault. These concepts include awakening, pragmatic acceptance, turning point, reclaiming what was lost, defining own landmarks for healing, and readiness for closure.

Although returning to self is an ultimate goal, the women also had a clear understanding that the journey of recovery will not lead to the same person that one was before the event of rape, but to a new self. Awareness and understanding of this is evidenced by the women's acknowledgement of what they had lost during the event of sexual assault, the grieving process that they underwent for the aspects they had lost, as well as the lessons they had learnt from the incident of sexual assault. Different authors attest to the loss of certain aspects of self from the event of sexual assault, including one's inner sense of gender identity and control of their lives and thoughts (Bletzer & Koss, 2006; Brison, 2002).

Lunt (2003: 33) supports the findings on the presence of the ultimate goal of recovery. He states that for recovery to occur, one needs to have a goal, a direction, an inspiration, faith or hope. The findings indicate that those participants who identified their ultimate goal of recovery early in their journey were able to take control and move forward, irrespective of the intervening conditions.

The findings also revealed that women identify their own landmarks of healing or recovery. Interpretation of the landmarks of recovery identified, together with the ultimate goal of returning to self, was the women's meaning of recovery from sexual assault.

Recovery is a personal journey. Hence, each participant had to identify her own ultimate goal and define her own landmarks of healing or recovering. These findings are supported by the Recovery Movement within the mental health fraternity's definition of recovery. The Recovery Movement conducted research to reach consensus on the definition of recovery, finding that recovery is "*a deep personal, unique process of changing one's attitudes, values, feelings, goals, skills and or roles.*" Recovery was also reported to involve the development of new meaning and purpose in one's life (Jacobson, 2003: 378). The same definition of recovery is described by Davidson *et al.* (not dated).

The major breakthrough in and the significance of the findings of this study was the women's identification of their own landmarks of recovering. For the first time, black women's voices regarding what they consider important in their health and recovery from sexual assault trauma, and their views regarding their bodies and their needs in intimate relationships, were analysed and interpreted in research. These voices have been used to construct new and legitimate knowledge about what black women consider to be important in their lives, their wellness, their bodies and their health and recovering from sexual assault trauma - as opposed to what the Western world has defined as the 'ideal' for all women.

One particularly interesting finding in the category “defining own landmarks of healing” was that relating to weight gain following the sexual assault event. The participants’ view on regaining one’s appetite and of weight gain following sexual assault trauma was identified as a sign of a positive journey of recovery. It was even described by one participant as “the healing of the heart”. This is in contrast to the Western view, which regards weight gain following sexual assault as an eating disorder (Liburd, Anderson, Edgar & Jack, 1999: 382). In the current study, the good appetite and weight gain were viewed positively and associated with healing or recovering.

The difference in black and white women’s views regarding weight gain and eating disorders are well founded in literature. In their study, Liburd *et. al* (1999: 382), found that the black women participants indicated that a middle-to-large body was healthier. Other studies have shown differences between young black and white women in attitudes to eating, body aesthetics and body dissatisfaction. These reported that white women had an affinity for thinness and more frequently engaged in dieting and eating disorders than black women (Aruguete, DeBord, Yates & Edman, 2005: 328; Franko & Striegel-Moore, 2002: 975).

The black women’s perception of weight gain as a landmark of healing or recovering warrants recognition as a contribution to development of new and legitimate knowledge about what seems to be important to black women’s definition of healing or recovering from sexual assault. Service providers should take this into cognisance when planning, implementing or evaluating secondary interventions for survivors of sexual assault.

The participants highlighted that reclaiming their sexual relationship with their partners was influenced by mutual agreement between the woman and her partner. The mutual agreement was achieved by separating (“decontextualise”) the sexual act from rape. Reassurance from their partners that nothing had

changed in terms of their feelings for them was another strategy that the couples used to reclaim their sexual relationships. These strategies helped them to regain their sexual functioning. The interpretation was that regaining sexual functioning was faster among those in stable and supportive relationships.

The above findings are supported by previous studies by Burgess and Holmstrom (1979:1278), who also discovered that partner support facilitated faster general recovery. However, these findings contradict some of the findings by Gilbert and Cunningham (1986: 71), who reported sexual dysfunction within the first six months period following sexual assault. Sexual dysfunction symptoms reported after the sexual assault event included abstinence and decreased or increased sexual activity within the six-month period (Gilbert & Cunningham, 1986: 71).

The discovery regarding the mutual agreement about resumption of sexual relations between the participants and their intimate partners is of great significance. This is a contribution to new and legitimate knowledge about black women and the control of their sexual lives. It is new knowledge because it is in contrast to what has been the belief by Western feminists about black women's control of their sexual lives.

The Western feminists' literature paints black women as being sexually constrained, ignorant, poor, uneducated, tradition-bound, victimised, lacking control of their bodies and sexuality, and lacking freedom to make decisions regarding sexual relationships. In contrast the image of the white woman has always been painted as educated, modern, having control over their own bodies and sexuality, and having freedom to make their own decisions (Hutchison, 1998). Most Western feminist literature does not mention or recognise and acknowledge the emergence of a black woman who is in control of all aspects of her life, including the sexual aspects. The findings of the current study show that

black women are assertive about their sexual needs and able to stand up against many forms of abuse and oppression, including sexual abuse.

The current study illustrated the fact that participants were in control of their sexual lives and in equal partnerships with their intimate partners. The participants who returned to sexual relations immediately after the assault indicated that they discussed the matter with their partners. Some participants described how their partners helped them to see sexual assault for what it was, and to separate it from making love, in order to resume their sexual lives. The participants made the decision to re-engage in sexual relations with their partners and were not forced or coerced. However, more research is needed on the new developments regarding the emerging young black woman and her responses to sexual assault. This is a challenge for both black and Western feminist researchers as well as Black Western feminist researchers.

In the current study, at least 20% of the participants reported having stood up to their abusive partners and reporting them for rape. In the process, they also withstood pressure from their families and community regarding the withdrawal of charges against their abusive intimate partners. This gave an impression completely opposite to what the commonly held Western belief about black women. The participants' behaviour was interpreted as assertive and modern – they were in control of their lives and their relationships, and not bound by tradition.

The emergence of the assertive black woman identified in the study is, however, not without challenges. The main challenge is that there is no certainty regarding the black man's acceptance of his new assertive partner. In the current study, a serendipitous observation of the black man's attitude manifested itself in the reported negative and irritating attitude and behaviour of some of the intimate partners of the participants. The participants reported that their partners took the matter of sexual assault too personally and became vindictive, wanting to avenge

themselves for what had been done to their possession (partner). One referred to her partner's need for revenge as a "personal vendetta". The participants were asked by their partners to provide elaborative descriptions of the perpetrator, so that the avenging partners could go and look for them. At least two participants were made to take a drive through the streets with their partners to look for the perpetrator. Such attitudes and behaviours were reported as affecting the journey towards recovery negatively.

More importantly, such partner behaviours were interpreted as indirect secondary victimisation of the women, because being forced to think about the face of the perpetrator to the point of being able to provide his description to the partner was like being forced to relive or re-experience the actual act of rape. The fact that the participants reported refusal to engage in such exercise indicated that they regarded these behaviours as unwanted, unsupportive and unhelpful in their journey of recovery.

The findings about the partners' attitudes and behaviours could also highlight the effect that the sexual assault trauma had on the participants' partners. The partner's ego gets bruised when his partner is sexually violated. In that case, the sexual violation is not only to the woman, but is also directed to him as a violation of his property or object. Vulnerability to being viewed as a sexual object or the property of men at home, on the streets and in the society at large is a challenge to both black women and their Western sisters. This is indirectly perpetuated by the media through the use of women in advertisements intended to promote men's achievements.

More research is needed regarding the how black men are coping with the emerging assertive black woman, how black men are accepting their independent sisters, as well as how they are coping with the rape of their partners.

7.3. The causal conditions and the intervening conditions

The findings on causal conditions and the intervening conditions are discussed together because they are intertwined, and they related to each other and to progress or regress on the journey of recovery from sexual assault.

Firstly, for the journey of recovery to occur the environment has to be conducive to recovering and be supportive of the woman through all the steps she takes towards recovery. Secondly, the presence or the intensity of one of the intervening conditions can have a remarkable influence on one's journey to recovery - depending on how important that intervening condition is considered by the woman at the time. Thirdly, the causal conditions and intervening conditions are supported by studies of factors of the socio-ecological framework used for understanding women's reactions to and recovery from violence, such as those of Campbell *et al.* (2001: 278), Frazier (2004: 19) and others.

The findings of the current study revealed that the women's journey of recovery from sexual assault trauma depended on certain causal conditions and was influenced by certain intervening conditions. The causal conditions included aspects of the personal biographies, such as one's faith or belief in God, personal and cultural value system, willpower, and personal experiences. The intervening conditions included the presence of certain motivators or non-motivators (depending on the woman's perception of the role they played), such as the partner, family members (e.g. having children to bring up and protect from rape), friends, reliable justice system, community structures (including professional and community-based service providers and church), and fear of HIV infection from the perpetrator.

The current study found causal and intervening conditions similar to the dynamic six-factor model of recovery from traumatic limb loss reported by Richie, Ferguson, Gomez, El-Khoury and Adamaly (2003: 29) in a multi-country study.

These researchers identified the following causal conditions as playing an important role in recovery from traumatic limb loss: individual characteristics (such as attitudes, beliefs and personality), treatment modalities (first aid and ongoing medical treatment), family, social support, economic situation and society.

The possible difference between the causal conditions and intervening conditions in the above model of recovery from traumatic limb loss and the current study was the economic situation as a causal or intervening condition for recovery to occur after sexual assault. Economic situation was not identified as a causal or intervening condition in the current study. This could be due to the fact that the question on the economic situation which was initially addressed in the demographic questionnaire was removed after the pilot phase of the study. The women who participated in the pilot phase of the study refused to give details of their economic status on the questionnaire since they saw it as irrelevant to their journey of recovery, as indicated in the following comment from one participant at the end of the pilot phase:

"You see, that question on household income; I do not know what difference it makes for you. Whether I have no source of income or my income is huge or small, bottom line is I have been raped and that does not change that I was raped. I also thought about the one question about where I stay. If I prefer to come to your office than what is the point of knowing where I stay? I think you can only ask that from those who prefer you to come to their houses. Otherwise other questions were okay for me."

In removing this item, the researcher believed that the qualitative nature of the study and the conversational interview style used during data collection would bring the economic issue up if it was an important factor in the journey of recovery. The fact that not a single participant mentioned the influence of economic status on their recovery could mean that there is no relationship between the journey of recovery from sexual assault trauma and one's economic situation. This interpretation is given with caution, considering the black women's

cultural support and the resilience and group survival strategies used in spite of general poverty. Some of the group survival strategies may obscure the effects of poverty on many aspects of one's life (Collins, undated).

Interpretation of the findings indicated that while the causal conditions were responsible for the participants embarking on the journey of recovery from sexual assault, the intervening conditions determined the pace and the direction of the journey. For instance, being blamed by loved ones such as the intimate partner or family members either delayed the journey or made the woman move backwards in the journey of recovery from sexual assault trauma, despite the presence of other positive conditions. Other researchers reported similar findings about the negative influence of intervening conditions such as being blamed by significant others, on recovery from sexual assault (Ullman, 1986; Combrinck & Skepu, 2003).

Another finding of the current study was the role played by community involvement, reported to be in various forms of community support, in the woman's journey of recovery from sexual assault trauma. This included picketing in front of the courts of law where the rape case was being heard, women marching to the police station to demand that the perpetrator be caught and brought to justice and the community dealing with the perpetrator in a kangaroo court (i.e. informal community 'court'), where the perpetrator is caught by the community, charged with whatever crime(s) he is accused of and punished according to the severity of his crime(s). Community support was reported as highly valuable, and interpreted as a sign of *ubuntu*. The concept of *ubuntu* is explained further later in this chapter, with a relevant example.

The significance of the finding about community involvement in women's journey of recovery is a contribution to the understanding of the black woman's meaning and definition of the community. These findings suggest a connection and a caring relationship between the sexual assault survivor, her family and the

community at large among black people. These values and relationships form the core and the fibre that binds the black community together during times of crisis in their communities.

The findings also demonstrated the extension of the family to the community. For instance, some women preferred to disclose their rape ordeal to the community members whom they regarded as family, as indicated in the following comment:

"I told only few old ladies in the neighbourhood who I regard as mothers because they are very supportive of our relationship...."

This comment reflects the black woman's conceptualisation of the family and of interconnectedness between the individual, the family and the community. This interconnectedness has somehow not been acknowledged or discovered by Western feminists.

The availability and accessibility of community-based service provision structures was also found to have a paramount influence on the women's journey of recovery. Some service providers were reported as more helpful than others. For instance, the investigating officers who kept the women informed of the progress of their court cases enhanced recovery. Those who withheld information regarding release of the perpetrator on bail were reported as not helpful in the women's journey of recovery from sexual assault trauma. These findings are confirmed and supported by Combrinck and Skepu's (2003) study on the 'legal arrangement' of bail for perpetrators of rape and its therapeutic outcomes or lack thereof for victims of sexual assault. Combrinck and Skepu reported that the recovery of women who were not informed of the perpetrators' release was negatively affected.

Findings on the positive influence of nurses in the women's journey of recovery from sexual assault trauma in the current study differed from previous research findings. Christofides, Webster, Jewkes, Penn-Kekana, Martin, Abrahams and Kim (2003) reported that nurses' attitudes towards rape victims were more negative than those of the doctors. In the same report, these researchers reported that more doctors than nurses had received training in sexual assault management. Identified differences in the attitudes of the health professionals could be due to differences in training on the management of sexual assault survivors. In another study on health professionals' attitudes towards sexual assault trauma, Duma and Kiyuka (in press) found no significant difference between the attitudes of doctors and nurses towards sexual assault victims in one hospital in Tanzania. In the same study, none of the participants had received any previous specialised training on sexual assault management. The specialised training makes a difference in health professionals' attitude and response to sexual assaulted victims and survivors.

Another lay counsellor behaviour found to have a negative influence on the women's journey of recovery from sexual assault trauma was premature interest in the actual assault experience, without establishing rapport or concentrating on the participant's perceived needs at the time of seeking counselling. Symes (2000: 30) reported similar findings in her study on "arriving at readiness to recover emotionally after sexual assault". In this study, participants reported lay counsellors' premature interest in the actual experience to be unhelpful and to delay their readiness to recover emotionally.

Another important finding regarding the intervening conditions that influenced the women's recovery from sexual assault trauma was the collaboration of the presence of all service providers under one roof. Availability and accessibility of the police to take statements, the investigating officers and medical and social service providers under one roof ensured that the participants' desire to see justice done was realised. The participants indicated appreciation of the services

provided within the Thuthuzela model in enhancing their journey of recovery from the time they reported having been raped throughout the court hearing procedures. Similar provision should be made available and accessible throughout the country for the benefit of all victims and survivors of sexual assault.

The influence of the intervening conditions on the women's journey of recovery is highlighted more on the turning point within the theoretical concepts of the theory of women's journey of recovery from sexual assault trauma. The dimensions of the turning point, including direction and pace, were all influenced by the intervening conditions. Those who had supportive relationships and a supportive environment, with no or minimal unsupportive relationships or non-conducive environment, often took a forward or clockwise direction. Those who found no support from relationships and were in a non-supportive environment often took a backwards or anti-clockwise direction, which could be in the form of flashbacks (as in those experienced as PTSD) or regression to earlier phases - or back to victim status and staying there forever. There is always a potential for forward movement if one or more of the intervening conditions are corrected, e.g. if the behaviour of the significant other improves, and then one can resume the journey positively.

Similar findings were reported by Campbell *et al.* (2001: 287) in their research on social reactions to rape victims: healing and hurtful effects on psychological and physical health outcomes. They found that participants who had someone who believed their account of what happened or who were allowed to talk about their assault considered these reactions to be healing. They had fewer emotional and physical health problems following sexual assault trauma (and therefore had a positive journey of recovery).

The significance of the findings regarding the intervening conditions and causal conditions in the journey of recovery from sexual assault is important for all involved in the lives of women who have been sexually assaulted. It would enable significant others and service providers to identify and provide the necessary supportive environment and behaviours. It would also assist the service providers to identify women at risk of regression (or turning backwards) due to absence of a supportive environment or support structures within families. Service providers can also strengthen each other's contribution in the management of sexual assault survivors through constant consultation regarding the perceived and identified needs of participants.

7.4. Actions or interactions

The findings reveal that, from the moment the woman awakens from the mental paralysis or frozen state following the event of rape, she embarks on a series of actions and interactions that eventually help her to regain her sense of identity (Burgess & Holmstrom, 1976: 413). The actions and interactions are captured within the following concepts of the theory of the journey of recovery:

- awakening,
- pragmatic acceptance,
- reclaiming what was lost (including self-protection strategies and strategies to reclaim control over own affairs), and
- defining own landmarks of recovering (including forgiving self and readiness to forgive the perpetrator and to see justice being done, with the main intention being to return to self).

Findings of the current study under actions and interactions reveal that most of the actions are taken consciously and voluntarily by the women during their journey of recovery from sexual assault trauma. The currently developed theory emphasises this notion through the "turning point" which marks the woman's conscious decision to take control, irrespective of what circumstances she may

find herself in during her journey towards recovery. For instance, despite the fear of contracting HIV or of finding out about the second set of HIV tests, some women decided that they were not going to check the subsequent HIV results but would concentrate on positive activities that would eventually lead them to achieving their goal of recovery.

For some people refusing to do the subsequent HIV tests after sexual assault may be regarded as negative behaviour. However, participants in the current study who did not do subsequent HIV tests reported having taken a conscious decision not to have those tests. This was done as a way of remaining in control of their feelings, fears and decisions, regarding what was good for them.

Those women who, at the turning point, decided not to test for HIV again, they instead completed the PEP treatment. They also reported regaining control of that aspect of their journey of recovery, rather than being controlled by the prescriptions of the medical service providers (i.e. to come for more HIV tests).

Selective disclosure was reported by all participants, i.e. selection of who to tell, how much to tell, and how to tell. As a researcher, I was often informed that the information that was shared with me had not been shared with anyone before, and I had to promise that such information was going to be used as research data only. The interpretation that was given to this request was that disclosure of having been raped was a selective choice which should not be forced on participants. Other researchers have also attested to sexual assault survivors' need to determine whether to report to others, what to report and how to report it (Bletzer, 2006: 5; Symes, 2000: 30).

The importance of the finding about selective disclosure is that service providers should realise that expecting or advising sexual assault survivors to disclose sexual assault to family members is not always best for women following sexual assault. Service providers and researchers need to respect the participants'

wishes regarding who to inform or not inform in relation to the experience of sexual assault. The same is true for reporting the matter of rape to the police. Women should not be forced to report the matter to the police if they are not yet ready to do so or if they are not willing to. For this reason, it is unacceptable to make the reporting of rape to the police a requirement for giving PEP (Kistener, 2003:13).

The findings further revealed that the participants took symbolic actions to mark certain milestones in their journey of recovery from sexual assault trauma; for instance, throwing away any reminders of the event of rape, relocating to another part of town and even another province were reported to symbolise certain positive achievements within the journey towards recovery. The practice of physically symbolising certain occurrences and achievements in one's life is a common cultural practice among the black populations in South Africa. Elsewhere, the act of physically throwing away possessions which remind a woman of the rape incident would be regarded as psychologically unsound, but knowledge of the cultural background of such symbolising practices provided the researcher with another interpretation of the incident, i.e. that of a positive move towards recovery.

Cultural competency is needed to make accurate interpretations of culture-specific data. These interpretations should be disseminated to all service providers, who may not have a background in and knowledge of a specific culture. This will enhance the provision of culture-specific intervention programmes for sexual assault survivors from different cultures.

Forgiving oneself was reported to have liberating powers for moving forward in the journey of recovery. Participants reported having had to forgive themselves for either having blamed themselves for the rape, or having blamed God for allowing the act of rape to happen to them, or for having doubted God's presence during the rape ordeal. Other findings which related to God were reported under

the concept of pragmatic acceptance, where rape was explained as either God's plan or God's will. The participants also reported that only God had such power as to forgive the hideous act of the perpetrator.

These findings reveal the influence of Christianity as a common religion among the black population in South Africa. This is due to the fact that the country was colonised by Christian countries. Most of the participants reported having accepted Christianity in their lives, and that their spiritual being was as important as all the other aspects of their lives which needed to be regained after sexual assault. One participant illustrated how she chose to get spiritual support from her church pastor in the same way as other people would choose to go for emotional support from counsellors.

7.5. Consequences

The consequences of all actions and interactions that the participants engaged in during their journey of recovery from sexual assault trauma were interpreted and conceptualised into the following:

- definition of landmarks for healing or recovering,
- readiness for disclosure (including readiness to confront the perpetrator).

An important finding among the consequences of the journey of recovery from sexual assault trauma was the participants' awareness that they will never be the same person they were before the experience of being sexually assaulted. They regarded that experience as part of their lives forever, although they were yearning for closure. Memories of the rape event were reported to be something that would remain with them all their lives. One participant related the sight of the scars of her healed wounds that were inflicted by the rapist as reminding her of the rape ordeal whenever she saw them. This is similar to what was reported by Winkler (2002) who is cited by Bletzer and Koss (2006: 5) as an "emotional tattoo" that will forever remain in one's remembrance.

Although the study took a period of six months for each participant, for most the pain of the sexual assault trauma was already a memory by the end of the study period. The event was no longer constantly on their mind. However, they reported that it was a memory that was easily triggered by anything that remotely resembled sexual violation, including any criminal behaviour.

The findings of the current study point to the possibility that the six months mark is an ideal time to assess the positive signs of recovery. However, it is important to recognise that people are individuals and therefore may respond differently to the same experience. This contributes new knowledge regarding the period of time by which service providers should be concerned if there are no positive signs pointing towards recovery from sexual assault trauma.

The findings further suggest that follow-up care for and management of sexual assault victims and survivors should be extended beyond the end of the first six months. This will ensure that any untoward problems in the journey of recovery are identified and managed in time. In that way, most of the negative health consequences of sexual assault can be addressed early or prevented altogether.

The findings of this study regarding the time it took for the emotional pain of sexual assault to disappear does not necessarily mean that complete recovery occurred. This fact is represented by an “open- endedness” of the theoretical scheme (see Figure 6.1) of the women’s journey of recovery from sexual assault trauma. Instead the findings (Figure 6.1) indicate that the journey of recovery is a process which may go beyond the six months period, and is different for each individual.

There are varied views regarding the period of recovery from sexual assault. For instance, Burgess and Holmstrom (1979: 1278) reported sexual assault survivors who had not recovered 4-6 years following the event of sexual assault. Shearer

and Hebert (1987: 23) reported that more than half of all sexually assaulted women in their study did not recover for months or years. Bletzer and Koss (2003: 9) cited Koss and Harvey (1991) suggested that it takes over a year or several years for one to regain social functioning.

The debate around the issue of the time it takes for the sexual assault victim or survivor to heal or recover is difficult to understand if recovery from sexual assault trauma is not well understood or differentiated from other forms of recovery, such as recovery from an illness or drug addiction. A position paper on "recovery in serious mental illness" by Davison *et al.* (undated) differentiates recovery from sexual trauma from other types of recovery. These authors described recovery from sexual assault as a process of recovering following trauma which has *no return* to a previous or normal condition. It is recovery which signifies *an active process* of confronting and working through or even integrating the traumatic event into one's daily life so that it has no destructive power as one moves forward to the future. Recovery from sexual assault is a gradual process of moving trauma and its immediate effects away from one's awareness where it has potential for controlling his or her daily life. It is characterised mainly by how the survivor moves from being controlled by the effects of the event to a point where the survivor is able to take control of his or her life and control the effects and memories of the sexual trauma.

According to Davidson *et al.* (undated), this type of recovery is different from recovery from an acute physical condition, e.g. a common cold or flu. Recovery from flu or a common cold leads to complete restoration of one's health to the condition she or he was in before the onset of the condition. In this case, it is easy to say so and so had flu that lasted seven days or that so and so recovered from flu after seven days.

Based on the above definition of recovery from sexual assault trauma, it can be safely said that at the end of six months most of the participants were in the active process of being in control of the effects of sexual assault trauma in their lives. They had managed to push the effects and memories of sexual assault away from their daily activities to somewhere at the back of their minds. At the end of six months, most were functioning optimally in their daily activities, and the memories of the sexual assault event were not obstructing that functioning. In other words, they were recovering, in terms of the definition of recovery from sexual assault (Davidson *et. al*, not dated).

At the end of six months the participants were still reporting a yearning or readiness for closure. This yearning for closure was reportedly dependent on the desire to see justice being done and the perpetrator brought to court. They also reported that closure may happen if the perpetrator apologised and explained why he did what he did to the participant. Apology and repentance were considered important for closure to occur.

At the end of the study period none of the alleged stranger perpetrators had been sentenced for the crime of rape. It is therefore difficult to ascertain whether a conviction of the perpetrator does lead to closure or not. It is for that reason that this was conceptualised as '*readiness for closure*' and not closure in the theory of the women's journey of recovery from sexual assault trauma.

One perpetrator was released on a suspended sentence. He pleaded guilty and apologised, stating that he did not consider his act as rape because he had an intimate relationship with the participant at the time of the reported rape incident. Another alleged perpetrator was caught by the community and punished for his crimes. This is discussed further below to highlight the concept of *ubuntu*.

One participant reported that her perpetrator was caught and "convicted to a death sentence" by the informal community kangaroo court. The alleged

perpetrator was killed. The participant reported that she felt “some form of relief” when she heard about his death. However, she could not say that the news brought her to closure of her ordeal of sexual assault trauma. Ironically, at the end of the sixth month the same participant still described things she would have liked to tell the perpetrator if she were to see him (although she knew he was dead). Like all other participants, she also described how she would have preferred to have heard him apologise for what he had done to her in order for her to forgive him. Her report and those of others gave the researcher the impression that confronting the rapist and forgiveness of the rapist are both important for closure to happen.

The above findings warrant further research to extend the theory of recovery from sexual assault trauma, in order to determine if conviction of the perpetrator has any influence on the journey towards recovery or closure. Such research would have to investigate only those women whose cases had been brought to the courts of law, and where conviction and sentencing of the perpetrators had occurred.

If closure in the journey of recovering from sexual assault trauma is dependent on the conviction and sentencing of the rapists, as the findings of this study suggest, then the courts of law should improve the rapist conviction rates - which are lower than other crimes in this country (Rape Crisis Cape Town, 2005). According to the findings of the current study an improved rate of rapist conviction will contribute positively in assisting sexual assault survivors in their journey of recovery.

The findings around “readiness for closure”, including readiness to confront and forgive the perpetrator, highlight some important considerations for the legal system of the country. If the legal system is to be seen as being responsive to the needs of the victims and survivors of sexual assault trauma, then the implications of these findings should be addressed accordingly. This means the

adoption of new models of justice, such as the restorative justice and therapeutic jurisprudence models, in addressing the needs of sexual assault victims.

Restorative justice is defined as a contemporary justice model which is designed to attend to the needs of the victim or survivor of the offence. This includes attending to the damaged relationship between the perpetrator of the offence and the victim or survivor, as well as addressing the causes of the offence. Although the model is described as contemporary, its principles and practices are based on the ancient conflict resolution family or community practices of dealing collectively with the wrongdoing of one of the family or community members by the others. Both victim and perpetrator are central to the restorative justice model. The principles of the restorative justice model are based on the values, ethics and sense of right and wrong of certain cultures (Victim Support Service, undated).

According to the Victim Support Service website, the restorative justice model is implemented by bringing in the two parties (perpetrator and victim) to a meeting in the presence of others such as family members and representatives of other service providers, such as the investigating officer and social workers or voluntary counsellors. The aim is conflict resolution. The success of the restorative model is dependent on the readiness of the survivor of sexual assault trauma to meet with the perpetrator (Victim Support Service, undated). As indicated in the findings of the current study, the survivors did report readiness to confront the rapist and the desire to forgive the rapist if he was repentant of what he did.

Application of the restorative justice model can be more useful in cases of intimate partner sexual violence or where the rapist is known to the victim. As noted in the findings of this study, participants who were sexually assaulted by their intimate partners would have liked to meet and engage with the perpetrators in ways that restored their (the survivor's) sense of control of their lives.

7.6. The context

The findings revealed specific contextual conditions that facilitated or delayed the women's journey of recovery from sexual assault. The contextual conditions or environment ranged from the individual or personal level or internal environment to the macro system level or external environment which is the societal environment.

According to Heise (1998: 262), the individual or ontogenic level environment refers to features of an individual's developmental experience or personality which shapes her or his response to stressors within the micro and macro system environment. The main stressor in relation to the current study was identified as the sexual assault event. Environmental factors at the individual level were reported to be those that related to personal history, such as previous experiences of sexual assault or any other psychological or emotional trauma and how such trauma was handled before.

The findings revealed that embarking on the journey of recovery was influenced by the following individual level environmental factors:

1. Recognition of the aspects of "self" that were lost during the incident of rape and were worth fighting for in order to regain them or regain self.
2. A strong motivating force to provide the impetus for embarking on the journey of returning to self.
3. The availability of others and acceptance of the role they can play in assisting the participant as an initiator of the journey of recovery. These could be medical and nursing professionals, investigating officers, social workers or counsellors, family and friends. It was reported that use of the above service providers successfully during the journey towards recovery was highly influenced by one's previous experience. For instance, one participant who had had a positive experience with the counsellor prior to the sexual assault incident, was quick to determine that the counsellor that she was referred to during the sexual assault management was not

worth going to - she did not seem to be helpful towards her recovery as she was more interested in the actual story and asking why she reported her partner to the police for sexual assault.

4. Confidence in one's power to overcome previous difficult situations was also found to be an important personal biographic factor that participants reported. This influenced the positive direction and pace of the journey of recovery.
5. Own self-defined landmarks or indicators of progress are another personal biography found to influence the journey of recovery among participants - who had identified the landmarks or knew where they wanted to get to during the journey of recovery.

All reported findings about personal biographies represent the individual level environment in which the journey of recovery begins to occur. These individual level factors determine the direction and pace taken in the journey towards recovery.

The micro system or situational environment refers to those interactions in which the person directly engages with others, as well as the subjective meanings assigned to those interactions (Heise, 1998: 262). The main situational environmental level factor reported to have a major influence on the participants' journey of recovery was intimate partners and their supportive or non-supportive behaviours. Supportive behaviours were reported to be: believing in the survivor, being there for the survivor, talking to and reassuring the partner of one's love and giving her the deserved attention and respect, and ability to understand when the woman is not ready for sexual relations.

Another supportive behaviour was reported to be the "decontextualising" of the sexual assault from sexual relationships or love-making. That is how certain individual participants and their intimate partners separated the issue of sex from

the rape, so that the couple could resume their sex life without the intrusion of thoughts of the sexual assault into their sexual relationship.

The above findings demonstrate the importance of intimate partner relationships in the progress of the journey of recovery. This is supported by Burgess and Holmstrom's (1979) finding that women who were in stable intimate partner relationships had a faster recovery than those who were not. Frazier, Burnett and Jeffrey (1994: 633) also reported that supportive men or partners who did not blame their partners for the rape enhanced the coping strategies among rape victims.

Unsupportive partner behaviours included the partner's anger and desire for vengeance against the perpetrator. This was reported to interfere with the participants' recovery because they had to appease the angry partner. The participants had to be concerned about their partners' safety while still trying to deal with their own pain. Some of the partners desperately tried to find the perpetrator to avenge what the perpetrator had done to his partner (the participant). Some participants reported that they had been forced by their partner to help look for and identify the perpetrator or to provide a description of them. This was reported to have resulted in quarrels among the said couples, with a negative effect on the women's journey of recovery from sexual assault trauma.

Some of the irritating behaviour reported by participants was the partners' extraordinary caring and concern for them, to the point of being smothered or "suffocated with care". To demonstrate this, one participant stated that she felt that her partner was *"reading too much from manuals on how to fix your raped partner"*, and she felt that this was not helpful for her healing.

Participants reported that at first, some of the abovementioned irritating behaviours were important to a certain extent. The behaviours showed that the partner cared or was concerned. What became apparent though, was that the partners had no clue of how to support their partners (participants) and how far to go or when to stop in their caring attitude or behaviours.

Literature revealed no studies on the partner's behaviours when their loved ones are raped and no literature on support groups for men whose wives or girlfriends have been raped. The conclusion is that men are the secondary victims of sexual assault, and have been neglected by researchers and service providers. The need for support groups or supportive material for partners on how to deal with the sexually assaulted partner was illustrated by a study participant who mentioned that maybe her partner was reading too much from the "*manuals on how to fix the raped partner*". Although this was said sarcastically, it was interpreted to be very important because it revealed the needs that partners of sexually violated women have.

These findings have implications for service providers and researchers alike. The first implication is that the intimate partners of raped women are the neglected secondary victims of sexual assault. Secondly, these secondary victims of sexual assault should be provided with services such as support groups, health education and reading material on how to cope with the sexual assault of a partner. Thirdly, more research is needed to identify their needs and wants in order to develop interventions based on a sound theoretical and scientific background.

The family environment was also reported to be either supportive or non-supportive to participants during the journey of recovery. The subjective meanings attached to relationships with certain individuals in the family also influenced recovery. For instance, the support of mothers and grandmothers was reported to be the most sought after and most valued support. Where such support was missing or found to be negative, the participant reported being devastated or hurt. Mothers' and grandmothers' support was followed by support from sisters or sisters-in-law. The mothers' or grandmothers'

supportive behaviours included believing the participant's story and being there for her, accompanying her to court and protecting her from gossip-mongers or insensitive questions from others.

Furthermore, support from male family members (where such support was reported) was highly appreciated and valued. It made the participant realise that not all men are bad, and returned the trust of men. Other participants reported getting similar support from male friends. This was reported to have similar value and was interpreted to have a positive influence on the journey of recovery from sexual assault trauma.

Participants reported mothers' insults about the rape and blaming of the survivor for the rape as the most hurtful and unsupportive behaviour during the journey towards recovery. Closeness (emotionally or in distance) between the mother and the participant was considered to be the determining factor for disclosure about the incident of sexual assault. Concern about the mother's response was another factor considered before determining whether to tell her or not. Some participants reported emotional distance from their mothers. The emotional distance was reported to make disclosure of sexual assault to the mother difficult. Fear of being blamed was reported as another reason for not confiding in the emotionally distant mothers. Those who stayed far (physical distance) from their mothers (and grandmothers) felt that it would be better to inform them face to face, but they were hopeful that their mothers would be supportive. Medical conditions such as cardiac conditions and high blood pressure in the mothers were reported as reasons for not telling them as it was felt that the sexual assault story would exacerbate these conditions.

These findings revealed the participants' ability to be considerate of others and their health needs, i.e. putting others first even during this stressful time. They also demonstrate the importance of extended family and the relationship between grandmothers, mothers and their daughters within the black population in South Africa. Most of these women were above 20 years old, but the grandmother featured frequently in their reports about their experiences and life during the study. The findings also demonstrate the importance of

healthy mother and daughter relationships and openness of communication between different generations, especially mothers and daughters or grandmothers and granddaughters.

A reported unsupportive behaviour by family members was gossiping about or telling the story to people outside the family without the permission from the participant. Such behaviour was reported to be devastating and put tremendous strain on relationships with family members, especially between the participant and the person who told the story to the outsiders. One participant reported not having disclosed to her only relative and housemate because of the latter's drinking habits and fear that she would tell the story to outsiders when drunk.

Both male and female friends and workplace colleagues were reported to influence the women's journey towards recovery. Their supportive behaviours were reported as being there for the survivor, and talking, and even joking about the rape at relevant points during the journey. Previous studies have reported positive reactions from friends to be very important for recovery, and their negative reactions to be harmful to it (Frazier *et al.*, 2004; Campbell *et al.*, 2001; Ullman & Fillipas, 2001; Ullman, 1996).

Unsupportive behaviours from friends were many, and included:

- not believing the survivor's story,
- being questioned for reporting sexual assault by the partner as rape,
- relating the participant's story to other friends without the participant's permission,
- friends coming up with their own 'worse' stories of sexual or physical abuse,
- too much sympathy

These behaviours were reported to be emotionally depressing to the participant. Some were interpreted by most participants as a violation of confidentiality and trust. Other researchers have reported this violation of confidentiality as hurting and very unhelpful in recovery from sexual assault.

They also identified violation of confidentiality and lack of trust as a cause for keeping silent about the sexual assault experience to protect oneself from others (Ullman & Filipas, 2001; Symes, 2000).

The findings about friends who talk about their worst experiences of sexual and physical violence by intimate partners demonstrate the struggles that women face in their relationships. They also highlight the high incidence and acceptance of violence against women in South Africa. Friends questioning another woman's report of sexual violence as a crime, highlights the cultural beliefs that help to perpetuate the silence about sexual and physical violence against women in South Africa.

According to (Heise, 1998: 262), the exosystem environment refers to the formal and informal social structures and the immediate settings in which one finds oneself, which influence one's life. In the current study findings related to the exosystem were reported to include supportive or non-supportive service providers, community members, workplace and church.

Community support was reported to be important in the woman's journey of recovery. It was reported to be demonstrated by community members assisting the police to find the perpetrator, or finding the perpetrator and punishing him for what he had done, picketing in front of the courts of law during case hearings in support of the participant, and marching to the police station to demand the arrest of the sexual assault perpetrators. Participants who experienced the above supportive behaviours from the community reported that these strengthened them and made them feel supported in their journey towards recovery.

Availability of community services such as the ambulance or police vehicle to transport the participant from Thuthuzela Care Centre to her home after the sexual assault primary management, the presence of all service providers under one roof, and appropriate referrals to other service providers such as counsellors, were all observed and reported to be influential in the journey towards recovery. In contrast to Ullman (1996:143), the current study showed

that the formal social support structures and service providers were very helpful. In 1996 Ullman reported that women experienced being blamed, being discouraged from talking about rape and being treated differently by the doctors and police, which was associated with a negative impact on recovery.

The findings of the current study indicate a great improvement in services to sexual assault survivors since the introduction of the Thuthuzela concept. This includes provision of services to the sexual assault survivors under one roof, and having dedicated staff members including the justice and legal team and special courts for the survivors. The services for sexual assault survivors were previously reported to be appalling (South African Gender-based Violence and Health Initiative report, 2003). In contrast, the findings of the current study demonstrate that the government's initiative to address the problems of service provision for sexual assault survivors is working.

The implications of these findings point to the importance of service providers trained in the management of sexual assault, and dedicated to and comfortable with working with sexual assault survivors. They also highlight the need for extending the Thuthuzela Care Centres to all regions in the country.

The macro system environment represents the broad set of cultural values and beliefs that permeate and inform the other three layers of the social ecology, i.e. the individual, the micro system or situational environment, and the exosystem or community environment. Reported and observed findings that related to the macro system included the community's involvement in bringing the perpetrator to the police or the community taking responsibility for punishing the perpetrator, and the distribution of decision-making authority in intimate relationships.

Community involvement in bringing the perpetrators to the police or the community taking responsibility for punishing the perpetrator on behalf of the sexual assault survivor or her family was reported to have a positive influence on the participant's journey of recovery. For instance, the participant whose perpetrator was killed by community members reported having been relieved

when she heard the news - relieved to be able to walk freely without fear of the perpetrator. The other participant for whom the community members managed to track the perpetrator and bring him to the police reported being strengthened by such community support.

These and other supportive community activities which were reported to influence women's recovery during the study have similar origins with the restorative justice principles, in which the family and community are expected to deal collectively with the wrongdoing of one of its members. Another such restorative justice principle is the recognition of sexual assault as crime or an offence primarily against human relationships and secondly as a violation of law (Victim Supportive Service, 2004).

There are many forms of behaviour which black people use to collectively deal with the wrongdoing of one of its community members. In the current study one such reported form was the 'kangaroo court', used by the community to deal with an alleged serial rapist in one township. To those not familiar with the background of the kangaroo court system of eradicating crime through unorthodox means, it is easy to criticise this behaviour. To the participant (and her family), who shared the same values with the community, killing of that rapist by community members was seen as a measure of justice deserved by the rapist.

The community usually embarks on kangaroo courts due to frustration with the legal system, which is perceived to be slow to take action against known criminal offenders. Sometimes the system is perceived to be pro-criminal offenders, e.g. when they get released on bail (as was the case with the above- mentioned alleged rapist).

Kangaroo courts are embraced within the principles of *ubuntu*. *Ubuntu* is the philosophy upheld by Africans. *Ubuntu* has been defined and explained by many scholars and politicians on the African continent. In "*Ubuntu: An African Concept or Universal Concept*", presented at the University of Cape Town on

21 April 2006, Bhengu cited the late President of Tanzania, Julius Nyerere's definition of *ubuntu* as follows:

"Ubuntu is an equality and respect for human dignity; sharing of the resources and a spark within a man that enables an individual to contribute to and benefit from his or her membership of the community. An individual becomes an individual within the community. He or she takes care of the community and the community takes care of him or her. Men and women know that they are unique persons with private desires, but they also know that their actions must, for their own good, be restricted to those which are consistent with the good of the social unit."

Bhengu further argued that *ubuntu* is the idea of justice not merely in legal terms but in terms of proper relationships between a human person and the universe, between the person and nature, and between the person and another person. Citing Vilakazi (1991: 7), he further explained that in *ubuntu* human value, dignity, safety, welfare, health, beauty, love and development of the human being and respect for the human being are all to come first, and should be promoted to first rank before all other considerations - economic, financial and political. He concluded the definition by stating that *ubuntu* is a pragmatic approach to moral or ethical life and is a life process that is aimed at being righteous.

With these definitions in mind, it would appear that anyone or anything that is a deviation from *ubuntu* (as defined and explained above) would be considered inhuman. It would therefore have to be dealt with by the community in a way that seemed fit or suitable in order to restore order between the people and the universe. Within the philosophy of *ubuntu* sexual assault of women and children and other crimes are considered inhuman and therefore unrighteous. Such crimes or inhumane or unrighteous behaviours need to be eradicated from the community in order to bring proper relationships between the people and the universe.

According to Bhengu (2006), from time immemorial, before the colonialists conquered the African continent, the philosophy of *ubuntu* enabled Africans to be custodians of the Law in their land. *Ubuntu* resisted the dictates of Western logic and Western rites. It can therefore be said that the kangaroo courts are entrenched in the *ubuntu* principles.

Frustrations with the slow legal and justice system of this country, which is also Western-oriented and represents the colonialists' ideals, could force Africans to revisit their rights as custodians of the Law, demonstrated or explained in the context of the kangaroo court. *Ubuntu* does not promote violence. However, when one member deviates from the norm and his or her actions threaten the survival of the community, *ubuntu* enables the community to take action against such a person. That must have been the case with that reported above.

If seeing justice being done for the benefit of the sexual assault survivors, their significant others and their community is an ideal held by the South African government and society at large, then the context in which recovery occurs should be understood from all aspects, including the cultural aspect, the social system, the legal system and the health system. Neglecting to address one system at the expense of the others has potential for a negative influence on the women's journey of recovery from sexual assault trauma.

7.7. Strengths and limitations of the study

This substantive grounded theory was developed from and grounded on the analysed data from black women's voices about their experiences during the journey towards recovery. The voices of the participants are clearly presented throughout the findings section. Interpretation of data for this grounded theory was done by a black woman researcher who shares the cultural background of the participants and is therefore in a position to make interpretations which could easily be missed, misrepresented or misunderstood by researchers who do not. The strength of this study is therefore its contribution by the black

woman researcher to the development of new knowledge about black women's experiences of the journey of recovery from sexual assault trauma.

This was a longitudinal study in which participants had to be interviewed over four sessions (week 1, week 4, week 12 and week 24). All participants attended all weeks until the interview at 12 weeks. Only two participants could not come and could not be traced for the interview at 24 weeks. This was remarkable, if the threats that face longitudinal studies are considered. Sample attrition or a decline in the number of participants originally recruited usually occurs in a longitudinal study, especially if the time lag between data collection sessions is long, the population is mobile or difficult to locate or is a high-risk or vulnerable one (Polit & Hungler, 1991: 268) as was the case in this study.

Like all longitudinal studies, the current study faced the threats of participant attrition. Efforts were made to reduce this to the minimum. The first threat was the period between subsequent data collection sessions, especially between the 12 and 24 weeks. In between the sessions the researcher maintained contact with the participants through landline telephone or mobile phones in order to remind them of the next sessions as well as to keep in touch. Some participants had their own personal mobile phones, and others used their partner's or friend's or a relative's mobile phone details. The common observation was that some of the mobile phones were lost or stolen during the period of the study. This was a major threat which resulted in failure to reach one of the two participants who could not be traced. The second participant probably found a job in another province. Participants also had the researcher's contact details and were allowed to call her anytime, if they needed to talk about research-related matters. Most of the participants who remained in the study did call the researcher on different occasions.

A second threat was the mobile and difficult to locate population from which the sample was recruited. Participants in the study, like many people from the Eastern Cape, came to Cape Town or the Western Cape to look for jobs. They still maintained strong family ties with their families in the Eastern Cape.

It is common for members of this population to return to the Eastern Cape whenever things do not go well for them in the Western Cape. One participant who eventually disappeared from the study felt very strongly about “returning home” where she could find a teaching post in a government school with better benefits than the missionary school she was employed in, in Cape Town. Another participant relocated to the Eastern Cape, but fortunately maintained contact with the researcher. Her last interview session was conducted at a hotel. At least three other participants relocated within the Cape Town surrounds, but maintained contact with the researcher.

Participants in the study were regarded as a high-risk group in many ways. Their physical safety from the perpetrator or his relatives or friends could not be assured, especially those where the perpetrators were not found by the police and were still on the loose in the same community. Sexual assault is related to psychological and emotional instability, especially within the first year of recovery. This made the sample vulnerable to the development of emotional or psychological problems. In fact, one participant tried to commit suicide during the first month following the event of rape. The researcher made arrangements with other community organisations for referral in order to cater for potential problems that could arise owing to the vulnerability of the participants during the study.

The pilot phase provided the researcher with findings relevant to the whole design of the study, including selection of the appropriate recruitment site, recruitment procedures and data collection tools and methods, such as the demographic data questionnaire. Conduction of the pilot phase is regarded as a strength of this research, because problems experienced by the researcher during the pilot phase are shared as part of this dissertation for the benefit of other researchers in sexual violence.

Participants reported that they found that taking part in the study provided them with a safe space to talk about their good or painful experiences. They reported that talking to the researcher about their experiences made them feel better and secure about the confidentiality of their stories.

The importance of narratives as a method of data collection attests to the importance of the interpretive research paradigm in research on women's experiences of recovery from sexual assault trauma.

The study has a few actual and possible limitations. The first possible limitation is that the substantive theory was developed from studying the journey of recovery from sexual assault only in one context, i.e. the women who reported for medical and legal help at a centre designated for sexual assault management. It was conducted among women of the same racial group in a country where there are more than three racial groups. This could be identified (by some) as a potential limitation. However, the researcher does not view this as an actual limitation. Like all other qualitative studies, the aim of this study was not to generalise the findings in the manner expected of quantitative studies. In qualitative studies the most important thing is that the conclusions can be transferred to other contexts, but not generalised (Ulin *et al.*, 2003: 32). The researcher ensured that all steps taken during data collection and analysis, including recruitment of participants, are discussed in detail to ensure that the study conclusions can be applied in different contexts.

The fact that all participants were black has potential to be identified as a limitation. There is evidence that people of the same cultural background may have the same interpretation or meaning of their experiences. Many researchers do not consider that a reality (Bletzer & Koss, 2006: 5). Initially, it was thought that it would be interesting to identify the experiences of recovery among women of different races within the same country. However, as the recruitment continued, certain practical and theoretical realities were discovered in relation to grounded theory and theoretical sampling as well as the researcher's theoretical and epistemological assumptions. A deliberate decision was made to recruit participants of the same racial group.

An upfront declaration of the researcher's theoretical and epistemological assumptions (provided in Chapter 2) guided her in the selection and recruitment of participants for a homogeneous sample. Having a sample from

the same racial group is in line with the researcher's post-colonial or post-apartheid black feminist epistemology. It is for that reason that this was not seen as a limitation, but the strength of the study.

As a post-colonial/post-apartheid black feminist, the researcher believes that black women should be in the forefront of the construction of new knowledge about black women. Black women should lead research and publication of research about black women because they share the same cultural background and language and therefore are better able to analyse and interpret data from other black women than researchers from any other population groups.

The period of the study is another possible limitation. Data was gathered over a period of six months following the incident of sexual assault. During that period none of the perpetrators had been convicted of the crime of rape, except one perpetrator who was "convicted" and killed by community members. However, one of the major findings of this study was that women had a willingness to confront the perpetrator and to see the perpetrator being convicted as a condition for closure. Due to time constraints it was impossible to continue the study until the perpetrators were found and convicted in order to determine whether "seeing justice done" would lead to closure.

The conviction rates for sexual assault crimes are very low and cases take long to prosecute (Rape Crisis Cape Town, 2005). In the current study only those perpetrators known by or close to the participants had been taken to jail. That means that only three women could be followed up to the point when the perpetrators who sexually assaulted them were convicted. The study was conducted for a degree and had to be concluded within a predetermined period. Therefore it could not be further investigated whether or not conviction of the perpetrator would really result in closure. However, the researcher intends to conduct further research to extend the theory by investigating the impact of perpetrator conviction on the sexual assault survivors' recovery. This will be done by recruiting women whose cases of rape have been concluded and the perpetrators convicted or not convicted.

In conclusion, the current study had more strengths than limitations, and adhered to the general canons of grounded theory, qualitative data collection and data analysis and of scientific research in general.

7.8. Recommendations

Implications stemming from the current study are various. They relate to different stakeholders in the management and care of sexual assault survivors, researchers and educators.

Recommendations for future research

The current study opens research opportunities for both qualitative and quantitative researchers alike. The substantive theory developed from the findings of the current study needs to be tested, extended and replicated in different contexts nationally, within the African continent, and internationally.

Further comparative investigations on the women's journey of recovery need to be conducted among those women who select not to seek help, and those who do.

The current study was confined to black women's journey of recovery. A study that extends to all population groups may need to be conducted to determine whether it would yield the same or different findings. This research could also be in the form of a comparative study on the experiences of women from different racial groups and their experiences or responses to sexual assault trauma.

The findings of the current study also highlighted the need for research on the needs of the partners of sexually assaulted women and their immediate families or significant others as secondary victims. Research on the needs of

the same racial group is in line with the researcher's post-colonial or post-apartheid black feminist epistemology. It is for that reason that this was not seen as a limitation, but the strength of the study.

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the neglected secondary victims of sexual assault (including children and other family members) may lead to the development of appropriate interventions for this particular group. This may enhance the women's journey of recovery from sexual assault.

Further research is needed regarding the effects of the fear of HIV – and of testing for HIV - immediately following the event of rape, to identify whether it is necessary or not to test for HIV during that crisis phase of sexual assault trauma. The current study indicated that it was a frustrating but necessary test which provided relief to those who tested negative.

The current study also highlighted the need for research on the application of restorative justice and therapeutic jurisprudence principles in the management of sexual assault by the justice system of the country, in order to determine whether these can bring about closure and whether they have similar therapeutic effects for the survivors of sexual violence as in other forms of violence.

Recommendations for service providers

The current study highlights the different needs of women during the journey of recovery from sexual assault. Service providers need to take cognisance of these when developing intervention strategies that are appropriate and enhance rather than delay recovery from sexual assault. The major finding of the current study regarding service provision was the participants' fear of HIV infection and its interference with recovery. Service providers, especially health care professionals, need to consider these findings and develop specific HIV counselling interventions that are appropriate to sexual assault survivors. The pre- and post-test counselling should be conducted during all subsequent HIV tests in order to provide accurate knowledge and encourage compliance with subsequent tests.

The findings of the current study demonstrated the importance of follow-up care for the women during the first six months after the incident of sexual assault. The first crucial period was identified as the period of waiting for HIV test results and the period of taking the PEP medication.

The current study indicated that the professional service providers dedicated to sexual assault management are important in the women's journey of recovery from sexual assault. This needs to be considered by service provision management when they allocate staff to these services. They should ensure that staff members who are allocated to these areas are committed and receive adequate in-service training to prepare them to deal with sexually assaulted victims.

Also highlighted was the need for development of interventions for the partners of sexually assaulted women, their families and significant others as secondary victims who have potential for enhancing or delaying the women's journey of recovery.

Managers should acknowledge and value the service providers who work with sexual assault victims. Appropriate job descriptions and job enrichment should be provided when service providers are allocated to these services. In that way, sexual assault service providers will feel appreciated for the input they provide to the sexual assault survivors' recovery.

Recommendations for the educators of service providers

Implications of the findings of the current study are that theories of recovery from sexual violation and other gender-based violence as well as theories that are related to gender-based violence should be taught at different levels and programmed for the education of the health professionals and other service providers. That will provide them with the theoretical background needed for understanding women's responses to gender-based violence before they

enter their individual professions, and will indirectly influence their decision-making regarding working with victims and survivors of sexual violence in particular and gender-based violence in general.

Education and training for sexual assault management service providers should be offered in a multidisciplinary approach for the benefit of all service providers. This will ensure that all service providers are familiar with each other's role in the management of sexual assault. Specific sexual assault management skills for different professionals, e.g. sexual assault nurses, doctors and social workers, can then offered as specialisation at an advanced level. All service providers who have received formal training should be accredited and certified to carry out their professional duties. This will give similar status and professional recognition to sexual assault management as all other specialisations in nursing or medical professions and other professions such as social work.

Recommendations for the South African Nursing Council and other health professional councils

The findings of the current study specifically demonstrated the importance of the nurses in the management of sexual assault, yet the South African Nursing Council does not recognise the need for a Sexual Assault Nursing qualification in their list of additional qualifications for registered nurses in the country. The implication of the findings is that the South African Nursing Council needs to recognise and accredit nursing institutions which apply to offer programmes such as Sexual Assault Nursing or Forensic Nursing as additional qualifications. Other health professional councils should also follow suit so that all those who work with sexual assault survivors and victims are legally and educationally recognised and certified.

Recommendations for policy makers

The implications of and therefore the recommendations from the findings of the current study for policy makers are as follows:

- (a) Development of policies and protocols for the interventions and rehabilitative services for sexual assault survivors for the period of at least six months. This will ensure that all untoward reactions to sexual assault trauma are identified and managed early, before the development of complications. This recommendation relates to provision of follow-up care for at least six months following the event of rape.
- (b) The current study indicated that nurses play an important role in the management of sexual assault, and women reported that the nurses' behaviours enhanced their journey of recovery during the study period. However, current sexual assault management protocols are not specific about the role of the nurse as a registered professional in the management of sexual assault. Policy makers should involve nurses in determining what role nurses play or can play in sexual assault management protocols, including the recommendation above (follow-up care for at least six months). These policies should be within the registered nurses' scope of practice in order to allow them to practice within the sexual assault arena on their own and not as assistants to other health professionals.
- (c) Policy makers should develop policies that also allow nurses who are trained and work with sexual assault victims and survivors to provide sexual assault expert witnessing services in the court of law. Participants in the current study reported that it was easier to relate their experiences to the nurse than to other professionals, yet currently the courts of law only consider doctors as expert witnesses. The expert witnessing from the doctor may not provide other related history to the assault (if that history was only given to the nurse).

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Giving nurses permission to provide expert witnessing may complement the current doctors' expert witnessing.

- (d) Compulsory HIV testing during the time of reporting rape has the potential of being a double trauma for those who may discover for the first time that they are HIV-positive (and who have just been raped). There is a need for standardised policies or protocols that would ensure that PEP is given to every sexual assault victim who reports for sexual assault management, with or without an HIV test. In that way, the survivors can assimilate whatever information is given to them during pre-HIV test counselling, and make informed decisions about whether they would like to take an HIV test there and then or later, without feeling pressurised to have the test as a determinant of whether they get PEP or not.
- (e) Policies are needed that compel educational institutions for all health professionals to integrate gender-based violence into undergraduate health professional programmes. The integration of gender-based violence into the curriculum will ensure that all health professionals are sensitised to the needs of the survivors of gender-based violence in general. These policies should form part and parcel of quality assurance and accreditation of programmes.

7.9. Reflections and criteria for evaluating the current grounded theory

I believe in self-evaluation and reflection. It was when I was reflecting about the progress of the whole project that I was reminded of Strauss and Corbin's (1990: 248) criteria for evaluating a grounded theory study. I used the same criteria for self-evaluation and reflections on my journey of discovering the women's journey of recovery from sexual assault trauma.

The first set of criteria refers to the questions that I had to reflect on before I could conclude this dissertation:

1. How was the original sample selected?
2. What major categories emerged?
3. What were some of the events and actions that pointed to some of the major categories?
4. On which basis did theoretical sampling proceed?
5. On what grounds were the conceptual relationships formulated?
6. How and why was the core category 'the turning point' selected as such?

The above criteria took me to different chapters of this dissertation to ensure that all of the above questions were answered and the criteria met through the provision of relevant information.

The second set of criteria refer to questions concerned with the empirical grounding of the study, as follows:

1. How were the concepts generated?
2. Are the concepts systematically related?
3. Are the categories well developed?
4. Is much variation built into theory?
5. Are the conditions that affect the phenomenon under study built into its explanation?
6. Has the process been taken into consideration?
7. Do the theoretical findings seem significant?

In answering the above, the following was done:

- I provided a brief description of the origins of each concept (or rather how each concept was coined) of the 'women's journey of recovery from sexual assault trauma', as well as of all the categories and subcategories, in the data analysis chapter.
- The theoretical diagram of the theory of recovery (Figure 6.1) was provided to highlight the systematic relationship of different concepts (or categories and their subcategories), as discussed in Chapter 6.

- The variation of the theory is built into the theory and the process considerations are highlighted throughout the discussions.
- The discussion of findings addresses the significance of the theoretical findings. The discussions also highlight the theories that has similarities with the women's journey of recovery from sexual assault trauma.

7.10. Conclusions

The women's journey of recovery was discovered and mapped out through the current study. The meaning that women attach to the experiences of recovery from sexual assault was highlighted through the study findings as the women's own defined landmarks. The complexity of the conditions and contexts that influence recovery from sexual assault were also mapped out in the current study. The developed theory highlights the process and the interconnectedness of different concepts of what the women experience in their journey of recovery from sexual assault trauma.

These findings should be considered as theoretical foundations for the development of secondary and rehabilitation interventions for sexual assault management programmes. They should also be considered as theoretical foundations for educational programmes for all sexual assault management service providers. This will have a positive influence on the sexual assault survivors' journey of recovery from sexual assault trauma.

It is hoped that the current study will lead to further discoveries around the experiences and needs of survivors of sexual violence and their significant others. It is further hoped that the current study will lead to the development of cultural competence among sexual assault management service providers and gender-based violence researchers.

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APPENDIX A

INFORMATION SHEET

I am Sinegugu Duma, a PhD student researcher at the University of Cape Town, School of Health and Rehabilitation Sciences. I am conducting a research, investigating the journey of recovery from sexual assault trauma and factors that influence recovery from the perspectives of the women who had been recently sexually assaulted.

Why am I doing this research?

Research from developed countries shows different views regarding recovery of victims of sexual assault and factors that influence recovery as well as the period it takes for women to recover from sexual assault trauma. There is no established research of this nature in this country. So, we do not know if recovery occurs, how long it takes and what influences it. Your participation in this study by sharing your experiences and answering the research questions asked, will be helpful in providing us with such information.

The information that you will share with us may not directly benefit you as an individual, However, it will be helpful to others who may be sexually assaulted in future, because by then your information will be used to inform the long term management of sexual assault survivors. Your information will be useful in the improvement of service provision for the victims and survivors of sexual assault.

What is expected from your participation in the study?

The study includes four research interview sessions, starting within the first week of having been raped, at end of the first month, the third month and then the end of sixth month. During each session, you will be asked to share your views on your experiences of recovery and what influences it.

Each session will last for an hour to an hour and a half. Your views and answers will be tape-recorded and notes will be taken by the researcher during the session. These will then be transcribed, analysed and reported as research findings which will result in a thesis that will be examined for my PhD degree.

Should you not be comfortable with the use of the tape recorder, you will be free to indicate that and the recording will be stopped. Only short notes will be made to capture your views and answers for research purposes.

The information obtained from you will be treated with utmost confidentiality. Your name or identification will not be used in any manner to expose your identity. However, if during the interviews, it is discovered that you experience sexual assault related physical health, emotional, or psychological problems, your permission will be sorted and you will be referred to an appropriate service provider for further management. Only then will the confidential information that you would have shared with the researcher be used.

Can you withdraw from the study?

Your participation in the study is voluntary. So, you may withdraw from the study anytime without having to give reason. However, if you think your reasons for wanting to withdraw from the study will be important to the researcher, you will be welcome to share those with her.

If you are uncomfortable or do not like to answer some of the researcher's questions, you may decline to answer such question.

If you are happy with this information and you agree to participate in this study, please read and sign the attached consent form.

If you need more information to assist you in considering participating in the study, please call the Sinegugu Duma at 021 4066582 during office hours. You may also contact the researcher's supervisors Prof. J Mekwa at 021 406321 or Prof L Denny at 021 4044488 during office hours.

Thank you.

Sincerely

Sinegugu Duma

Researcher

APPENDIX B

Informed Consent

UNIVERSITY OF CAPE TOWN

SCHOOL OF HEALTH AND REHABILITATION SCIENCES

A WOMAN'S JOURNEY OF RECOVERY FROM SEXUAL ASSAULT TRAUMA

CONSENT TO PARTICIPATE IN THE STUDY

Why is this study done?

I have read the attached information sheet, have asked relevant questions and received answers from the researcher and understood why this study is done and why my participation in the study is requested.

I am being requested to participate in the study because I was recently sexually assaulted and I am in the position to share my experiences on the recovery from the sexual assault trauma with the researcher.

What is my role in the study?

If I agree to participate in the study,

1. I will have four interview sessions with the researcher.
2. During each session, I will share my experiences and answer her research questions on recovery and factors influencing recovery from sexual assault trauma.
3. If I feel uncomfortable to answer some of the questions, I will indicate so to the researcher who will then respond appropriately.
4. If I want to withdraw from the study, I will be free to do so.
5. If the interviews bring back flashes of the traumatic experienced or any untoward effects to my emotional or psychological health. I will alert the researcher and she will refer to other service providers for an appropriate management.

Follow-up Sessions:

At the end of each session,

- I will confirm the venue and date for our next session with the researcher.
- I will provide her with the contact details where she can contact me to confirm the next session.
- I will inform the researcher of any changes in my contact details.

Risks and Discomforts

Due to my sexual assault experience, I understand that :

- I might feel embarrassed in answering some of the research questions.
- I might experience emotional or psychological problems when answering some questions.
- If any of the above incidents happens, I will relate them to the researcher

Confidentiality

- Participation in this research may involve a loss of privacy, especially if referrals for management of the emotional or psychological health problems identified during the interviews are made.
- The researcher will keep all information about me as confidential s possible. My name will not be used in any of the reports of publications that will result from this research.

Benefits

There are no identified benefits to me for participating in this study

Costs

Participation in this study will not cost me money, but I will be reimbursed for my travelling costs to the research site.

Voluntary Participation

I agree to participate in the study. I have been given a signed copy of my agreement to keep as my record. I have the right to decline to participate at any time in this study.

..... Participant Printed Name/...../..... Date
..... Witness Printed Name/...../..... Date

APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

[illegible]

Introductory Note: These are the questions that I ask to help me understand you better for the research purposes. I will not use your name anywhere else on this form, but an ID number that I am giving to you today.

DEMOGRAPHIC DATA

DATE OF THE FIRST INTERVIEW :...../...../.....
Y / M /D

1. Age
2. Language spoken at home.....
3. Preferred language for study purposes
4. What is the educational level?
 - 1Never been to school
 - Below Standard 6
 - 1Below Standard 10
 - Diploma / above Matric
 - Degree
 - Other What?

- Still at School YES [] NO []
- Level

5. Are you pregnant YES [] NO []
6. If yes, how far pregnant are you?.....
7. Where do you leave?.....
8. How many people do you leave with.....
9. How are these people related to you?

- Family / Relatives
- Friend
- Boyfriend
- Partner
- Other
- All of the above

10.What is your ethnicity?

- Black
- Coloured
- Indian
- White
- Other

10.What is your marital status?

- Single/ never married
- Living with partner
- Married
- Separated
- Divorced
- Widowed

- 11. How many children do you have?.....
- 12. How many of your children live with you?.....
- 13. Do you have a job, whether formal or informal as e.g. selling fruits or vegetables? YES [] NO []
- 14. If you have a job, what do you do?.....
- 15. What is the current yearly income, before taxes, of your household? Your household includes anyone who lives with you and contributes income that everyone in the house shares. Income includes every possible source of money.

HOUSEHOLD INCOME PER YEAR

- R5,000 or less
- R5,001 – R10,000
- R10,001 –R20,000
- R20,001 –R30,000
- R30,001 –R40,000
- More than R40,000
- Declined

16. What is your residential address or instructions on how to get to your place?

.....

.....

.....

.....

.....

.....

.....

.....

17. Has the rape case been reported to the police? YES [] NO []

18. If not, can you please give the reasons for having not reported?

.....

.....

.....

.....

Thank you for sharing the above information with me. Now I would like to ask you questions that are related to your sexual assault experiences. As indicated earlier, your answers will be audio-tape recorded, but if you would prefer not to be taped, then I will only listen and take notes of what you say. If you are uncomfortable with the questions or would prefer not to answer some of them, please let me know.

Open-ended question for conversational interview (probing and follow-up questions) will be based on her answers.

- 1. So, please tell me what happened, how it happened and how you felt when you were raped and how you feel today.

- Observations regarding:
- Support e.g. who accompanied her to the TCC, and for interviews.
 - Emotional or Psychological state
 - Grooming
 - Physical health status
 - Other

APPENDIX D
UNIVERSITY OF CAPE TOWN
GROOTE SCHUUR HOSPITAL

JOURNEY OF RECOVERY FROM SEXUAL ASSAULT TRAUMA (PILOT STUDY)

CONSENT TO BE CONTACTED FOR A RESEARCH STUDY

Ms. Sinegugu Duma of the University of Cape Town, is conducting a study in people who have been raped in order to determine their journey to recovery and factors that influence recovery.

I am being requested to join this study because I have been raped and has received initial management for sexual assault at this hospital. I should be contacted by Ms Duma within the next three working days. If I am interested in the study, I will return to the hospital after hearing from Ms Duma. I can also ask her to visit me at home instead if it is difficult for me to return to the hospital.

If I choose not to participate in this study my medical and nursing care will not be affected in any way. I do not need to join the study to get medical and nursing care in this hospital.

If I have questions about the study, I may call Ms Duma at 4066582 at the University of Cape Town, Division of Nursing and Midwifery.

.....
Participant's Signature

.....
Printed Name

.....
Date

.....
Signature of a person obtaining Consent

.....
Printed name

.....
Date

APPENDIX E
UNIVERSITY OF CAPE TOWN
GROOTE SCHUUR HOSPITAL

JOURNEY OF RECOVERY FROM SEXUAL ASSAULT

PATIENT CONTACT FORM: ONLY PROVIDE INFORMATION WHICH THE
PATIENT AGREES CAN BE USED FOR CONTACT BY STUDY STAFF

- 1. SURNAME
- 2. FIRST NAME
- 3. TELEPHONE NUMBER
- 4. CELLPHONE NUMBER.....
- 5. TELEPHONE NUMBER OF A FRIEND OR RELATIVE WHERE SHE CAN
BE CONTACTED
- 6. HOME ADDRESS.....
- 7. INSTRUCTIONS TO FIND HOME ADDRESS.....
-
-
-
-
-
-
-

**Appendix F: Letters of Approval from the University of
Cape Town Ethics Committee**

UNIVERSITY OF CAPE TOWN



Research Ethics Committee
E53 Room 44.1, Old Main Building
Groote Schuur Hospital, Observatory,
7925
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12 October 2004

REC REF: 174/2004

Ms S Duma
Nursing

Dear Ms Duma

A JOURNEY OF RECOVERY FROM BEING A SEXUAL ASSAULT VICTIM TO BEING A
SEXUAL ASSAULT SURVIVOR: A PILOT STUDY

Thank you for your letter to the Research Ethics Committee.

*It is a pleasure to inform you that the Research Ethics Committee has approved
protocol amendment for the above mentioned study.*

Please quote the REC. REF in all your correspondence

Yours sincerely

Signed by candidate

PROF. T. ZABOW
CHAIRPERSON



Research Ethics Committee
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24 March 2005

REC REF: 174/2004

Ms. Sinegugu Duma
Nursing & Midwifery
School: Health & Rehabilitation Sciences

Dear Ms. Duma

A JOURNEY OF RECOVERY FROM BEING A SEXUAL ASSAULT VICTIM TO BEING A SEXUAL ASSAULT SURVIVOR: A PILOT STUDY

Thank you for your letter to the Research Ethics Committee dated 17 March 2005.

Alternative site is approved on condition that authorisation is obtained from the Superintendent or manager of the Centre and that nursing time can be used.

The contents have been noted and added to our files.

Please quote the REC. REF in all your correspondence

Yours sincerely

Signed by candidate

PROF. ZABOW
CHAIRPERSON

Appendix G: Introduction to Participants

INTRODUCTION OF THE PARTICIPANTS

Introduction

In qualitative research we believe that the social phenomenon cannot be understood outside of its own context. By the context, we mean not only the physical setting in which the behaviour or process takes place, but also the historical, social, and political climate as well as the individual characteristics that influence the phenomenon (Ulin et al, 2002:137).

The thick description that is provided below is for the benefit of the reader to develop an active role in understanding the research participants, some of their culture and their context. The thick description generates empathy and experiential understanding on the part of the reader (Holloway & Wheeler, 2002:14). A description of this nature can also assist the reader to make own conclusions regarding the transferability of the findings to participants from other contexts (Ulin et al. 2002:166).

In this appendix section the participants are introduced to the reader so that she or he can have insight and understanding of how the social position, economic opportunities and religious convictions, educational status the participants, the types and conditions of their rape shaped their responses to the incident of rape and their experiences thereafter.

General Information about the Participants

The general and demographic data described in this chapter was captured by means of a questionnaire (appendix 5), open-ended questions and "conversations" that I had with each participant to elicit the type of rape that each experienced and the circumstances under which rape occurred. It also comes from the data that was compiled as field notes based on the observations made from the time I met the woman and particularly during the first interview sessions. The questionnaire is provided on the appendices. The data includes that of the three pilot study participants.

All the participants were Black women who spoke isiXhosa as their home language. They all selected isiXhosa as the preferred language to conduct the research, but some mixed isiXhosa and English in their "conversations" with the researcher.

They all came from the drainage area of the G. F. Jooste Hospital TCC including Gugulethu, Khayelitsha, Nyanga and Phillippi Townships and their surrounding informal settlements. All except 2 had their extended families in the Eastern Cape. They are in Cape Town for employment opportunities or to be with their partners who are employed in the city. They still consider the Eastern Cape as home and go there during major holidays such as Christmas and Easter Holidays. This is a common practice among Blacks of rural origin who are city dwellers in South Africa. They maintain strong ties with their extended families back in the rural areas. Some of the major decisions regarding the lives of such women are still made through consultation with the extended family.

All participants had reported their rape cases to the South African Police, but only three of the perpetrators had been apprehended. Seven of the women were raped by strangers. Two women were raped by their intimate partners, i.e. a date rape and a marital rape respectively. The third woman was a case of acquaintance rape because the participant and the perpetrator met earlier during the evening, had drinks and went to another tavern for more drinks together. To those who saw them together, they looked like they knew each other well. The participant explained that she only knew the perpetrator by his last name. It is traditionally common for African men to be called by their last names.

Nine out of ten participants tested HIV negative on their initial HIV tests which were done after the incident of rape. They all received the PEP treatment for 28 days without noticeable complications. They remained HIV negative for the rest of the study period.

Of these participants, only two revealed the history of childhood sexual assault on the first day of the interviews. One was raped by her maternal uncle while she was six or seven years old. The other one was sexually molested by her mother.

The two participants who revealed their history of childhood sexual abuse were regarded as atypical or unique cases. Another atypical and unique case was the participant who revealed that she had been drinking alcohol and was drunk during the time that she was raped. According to Uli et al (2002:137), an individual who appears to be atypical or unique may in fact represent a much larger group of study participants who were unwilling to disclose or express themselves fully.

All participants were raped vaginally. Only one participant sustained major physical injuries. The other two participants sustained minor physical injuries.

Demographic Data

Participants are introduced individually by describing the demographic data, the conditions of rape and the researcher's observations and field notes. Some of the data which had significance to the women's response to sexual assault and their experiences from the subsequent interviews is also shared with the reader.

Participant 1 (P1)

Age: She was twenty one years old.

Marital Status: She was newly married and 3 months into her marriage when the incident of rape happened.

Level of education: She was a qualified nursing assistant, who has completed 12 years of general schooling and one year training as a nursing assistant.

Pregnancy status during the time of rape: She was two months pregnant when the incident of rape happened.

Number and relationship of people staying with to her: She stayed with her husband only.

Number of own children and their ages: She had no children.

Employment and other source of Income: She was employed as a nursing assistant in one of the community health clinic. Her husband was a primary school teacher.

Household Family Income Per Year: She declined to reveal the family yearly income.

When she was later asked to comment on the relevance and appropriateness of the questions on the questionnaire as a pilot study participant, she explained that she found the question on the yearly income inappropriate as *"it does not matter how much **we** earn, because that does not change the fact that **we** were raped anyway"*.

I have highlighted the "we" because it related to her and her husband as a couple. Their case explained under the type and circumstances of rape below.

Religion: She was a Christian. Together with her husband, they were very active members in their church. The incident of rape took place when they went to make a phone call on a public phone on church related business.

Type of rape: She was raped by a stranger, who demanded money from the couple at gun point. When they could not give him money, he forced them to the nearest bushes where the rape incident took place.

Circumstances of rape: The husband was tied both legs and hands and forced to lie on the ground on his back. The participant's skirt was torn and she was pushed to lie on her husband

where the perpetrator tried to have sex with her. He could not because of an uncomfortable position. She was then forced to lie on the ground where she, with her husband watching. When the perpetrator finished raping her, he got dressed and left them there. She stated that she felt paralysed and could not move to untie her husband who had to struggle to untie himself.

General health condition during the initial interview: She looked physically well with a swelling on her forehead. She stated that the perpetrator hit her with the back of the gun when he forced her to lie on her husband.

Researcher's observations as noted on field notes: She was met and interviewed on day 2 following the incident of rape. She was accompanied by her mother. She looked calm and was talking freely and smiling appropriately when she answered the questions.

Participant 2 (P2)

Age: P2 was 30 year old.

Marital Status: She was unmarried, but in a steady relationship with a man.

Level of education: Her educational level was below standard six or secondary education.

Pregnancy status during the time of rape: She was not pregnant.

Number and relationship of people staying with to her: She stayed with her 8 months old baby boy, maternal grand mother and two unmarried uncles two aunts and three cousins. That means a total of nine people in a two bed-roomed house. She and her uncles had rooms that were built outside the main house, but within the same premises.

Number of own children and their ages: She originally had four children, but only one was alive when she was met for the interview. That is a girl aged 7. The 8 month old boy was kidnapped and murdered during the same night by the same perpetrator when she was raped. The first child died at the age of five. She believed that she was drowned to death by her ex-boyfriend's wife in their family swimming pool. This was never proven as the case. The other child was a twin to her seven years old daughter. She was smaller physically weak from birth. She died in her sleep.

Employment and other source of Income: She has never had a permanent job. She financial support was from her grandmother's old aged pension grant, and government social support grant for single parents who have no income.

Household Family Income per year: She declined to answer this question.

Religion: She was brought up as a Christian, but had not attended church in a long time.

Type of rape: It was an acquaintance rape, because together with her 8 month old boy, she met the would-be perpetrator, hours before the incident of rape. She had never met him before then. He befriended her and played with the boy. They had alcoholic drinks which he bought. They later went to another tavern for more drinks.

Circumstances of rape: They later went to her room where he demanded sex. They fought, but he later managed to rape her. When she was asleep, he throttled and stabbed her and left her for dead, locking the room from outside. He took a boy who with him who was later found murdered on the following day in the veld.

When she was helped out of her room by her family and neighbours who had to remove the door when they noticed streaks of blood coming out of the door which was locked. They found her sleeping in a pool of blood. The police were called and she was taken to hospital.

Some of the boy's body parts, such as the penis and the tongue and the right hand were missing. It was suspected that the boy was killed to have his body parts for the witchcraft practices. It is common for traditional witchdoctors to use human body parts in witchcraft.

The perpetrator was found by community members on that very same morning. He was brought to the police who arrested him for rape and murder of his victim's son.

General health condition during the initial interview: She was met for the interview on the following day in a hospital trauma unit where she was admitted. She had punch-like facial injuries, finger-mark bruises on her neck and many sutured wounds on her chest. She was not aware of what had happened to the boy at the time, but she was worried that he was not in the room when she was woken up. (I had already heard about her and her baby's story over the radio on my way to hospital, but I was not aware of her identity).

She was crying when she related her story. She voluntarily insisted on participating in the study even when she was informed of her rights not to participate.

Researcher's observations as noted on field notes: She was crying, but determined to tell her story as if to reinforce its reality to herself. She had already been met by the detective officer from the TCC and wanted reassurance that what she told should remain between us because she was telling me things that she had not told the detective and doctors and nurses.

She seemed to be deeply aware or suspicious of what had happened to her son. She continuously whispered to her self "Oh, my son, what have I done to you". On her second visit at the end of the fourth week after the incident of rape, she was accompanied by a male friend whom she later reported he was a homosexual "who is supporting me because he has been raped before".

She was raped during the International 16 days of activism against gender-based violence. Her case was spread out on all local newspapers and in radio stations. This mobilised community members to verbalise and show her support.

Participant 3 (P3)

Age: P3 was 34 year old.

Marital Status: She was widowed. Her husband died less than a year, by committing suicide while admitted in hospital for alcoholism-induced epilepsy.

Level of education: She had post secondary education, but was unemployed.

Pregnancy status during the time of rape: She was not pregnant.

Number and relationship of people staying with to her: She stayed with her 3 year old daughter and her cousin.

Number of own children and their ages: She had one child

Employment and other source of Income: Her source of income was the insurance and provident funds from her deceased husband.

Household Income per year: She stated that she was not comfortable sharing such information.

Religion: She was a Christian and belonged to the Women's Union Association in her church. On the night she was raped she was coming from a church related party and slept at her friend's house because it was late.

Type of rape: She was raped by a stranger at her friend's house when they were asleep.

Circumstances of rape: The perpetrator entered the two roomed house at night by pushing an unlocked door. He obviously had intentions to rape and steal the gun of the owner of the house. The owner of the house, who was the participant's friend worked as a South African Defence Force soldier. He entered the house and went straight to the bedroom where the participant and her daughter were sleeping. He put the gun on the participant's forehead and whispered to her to keep quiet and take off her panties. She did this and he raped her.

When he realised that she was not the person she was looking for, he asked where the owner of the house was and where she kept her gun. The participant pretended not to know whom or what

he was talking about. The participant's friend who was in the other room heard what was happening and ran away.

He heard her running away and stopped to check what was happening. He then returned to bed and continued to have sexual intercourse with P3 repeatedly.

He only stopped when he heard some commotion outside the house. He went out with P3 and her child as his shield and started shooting before he ran away.

General health condition during the initial interview: She was composed and had no obvious signs of physical trauma.

Researcher's observations as noted on field notes: She was dressed in clothes that made her look older than her age. She did not seem to be affected by what has happened to her that much. She gave the impression that she was doing everything because it was an expected procedure to follow. She said "I am just happy that I had the tests and they are all negative, if the police want to continue with this, they can do so." She was not accompanied into the TCC, but she stated that her other friend's husband had accompanied her and was waiting for her in the car.

Participant 4 (P4)

Age: P4 was 20 year old.

Marital Status: She was unmarried, but had a boyfriend who was in prison for alleged rape of an elderly lady.

Level of education: P1 did not complete her primary school education.

Pregnancy status during the time of rape: She was not pregnant at the time of the rape incident.

Number and relationship of people staying with to her: She stayed with her four sisters. Her mother was staying at her employer's house and only came home at the end of the month when she got paid.

Number of own children and their ages: She did not have a child.

Employment and other source of income: She was not employed and was financially supported by her mother and two older sisters.

Household Income per year: This question was later excluded, after the pilot study participants said, it was inappropriate and irrelevant to the fact that one was raped and how one was coping thereafter.

Religion: She was brought up as a Christian, and attended the church whenever she could.

Type of rape: She was raped by a stranger, who happened to be an acquaintance to one of her sisters. He was a brother of one of her sister's friend. Although she did not know him, she knew his sister.

Circumstances of rape: It was a cold and rainy day. She was called by one of her sister's friend in pretext of wanting to give her a jersey as a gift. She walked home with her. When they got home, she got her into a room where his brother was awaiting them. She left her there to go to the main house to fetch a jersey. He first proposed love to her. He got up and locked the door. He then demanded to have sex with her in order to prove if she was still a virgin as he intended to marry her if she was. She screamed and shouted for help, but nobody came to her rescue. Her sister's friend came later, knocked and asked his brother if he was done. He opened the door and P4 ran away with tears on her face and blood stains on her skirt. This is how her older sister discovered that something had happened to her. Police were called. They took her and her sister who accompanied her to TCC.

General health condition during the initial interview: She looked well physically, but stated that she was nauseous from the tablets she was given at TCC a day ago.

Researcher's observations as noted on field notes: She was unkempt and looked young for her age due to a very small stature and how she related to her elder sister who accompanied. She looked up to her sister before she answered any question. The sister also wanted to answer some of the questions on the participant's behalf. The sister later explained that their behaviour was related to the problems related to childhood sexual trauma that the participant suffered as a child. She was the only one who believed her story, supported her and make sure that justice was done.

She was sexually molested by her mother when she was about 8 years old. She explained that the mother was drunk and still moaning the death of her husband.

P4 looked withdrawn and embarrassed with the history of sexual molestation by her mother and her boyfriend's alleged rape charges. She would put hands on her face and face the other direction when she answered questions.

Participant 5 (P5)

Age: P5 was 34 year old.

Marital Status: She was unmarried, but has a long distance relationship with a man who stayed in the rural Eastern Cape where she originally came from.

Level of education: She was a qualified primary school teacher.

Pregnancy status during the time of rape: She was not pregnant at the time of being raped.

Number and relationship of people staying with to her: She stayed with her two younger sisters who depended on her financially. Her mother had passed away and her father had retired to Eastern Cape.

Number of own children and their ages: She had no children.

Employment and other source of Income: She was employed by a mission primary school as a private teacher. Her salary was paid by the church (at R2000 per month). That is very little when compared with the State paid teachers' salaries.

Household Income per year: This question was later excluded, after the pilot study participants said, it was inappropriate and irrelevant to the fact that one was raped and how one was coping thereafter. However, it could be calculated to be less than R30 000 per annum.

Type of rape: She was raped by a stranger on Monday morning on her way to school.

Circumstances of rape: When she approached the spot where she had been mugged and robbed of her bag and her cell phone on the previous Friday, she saw two men approaching her. She noticed that they seemed to be quarrelling and the other one went back to where they came from. He recognised him as the one who had mugged her.

The other one approached her. He asked for money and she said she only had R20.00 for transport. He grabbed her handbag to search for the money. When he did not find it, he hung the hand bag on his shoulder, got under her umbrella and took her by arm as if they know each other, as there were school children approaching them. He whispered to her that if she screamed or did anything funny the blood of all those kids would be on her and not him. He would shoot all children and kill her last. He told her that he was taking her to the named bush where. The participant recognised the name of the bush because it was a known place where people had been found dead.

They walked together in silence in the rain until they reached the bush where he then raped her after asking her to choose between death and being raped because she was useless to him as she had no money. He said he looked a very angry and troubled soul, "as if he was an animal". He stated that she should not be afraid of death because it would be quick and he had done it before. He would call her family and let them know where to find her. He asked her to pray for a right choice between being killed and raped. P4 continuously prayed loud asking God to forgive this man because he did not know what he was doing.

After a long time of torture, he said he had decided for her, and pulled her jeans and panty down. When he tried to push his erect penis to have vagina, it lost its erection. He forced it in with his finger sex with her. In the process he ejaculated on to her thighs. He finished and took P4's socks and cleaned himself. He told her not to move until he was gone. He then ran away as if he was being chased by someone. P5 got dressed and went to the nearest police station where he was then taken to TCC.

General health condition during the initial interview: She had flue-like symptoms which she said were due to the bad weather that she was exposed to in the bush.

Researcher's observations as noted on field notes:

She was accompanied by her brother-in law, who is married to her elder sister. She was calm and composed and looked relieved that her HIV results were negative.

She disappeared after the second session of interviews. It would seem that she got a teaching job in Eastern Cape because she was complaining about her private teaching status in Cape Town.

Participant 6 (P6)

Age: P6 was 24 year old.

Marital Status: She was not married, but stayed with her boyfriend with whom she had a 2 - years old by.

Level of education: She has completed secondary school.

Pregnancy status during the time of rape: She was 30 weeks pregnant during the time of rape.

Number and relationship of people staying with to her: She stayed with her boyfriend and their child.

Number of own children and their ages: She had one child who was 2 years old.

Employment and other source of income: She was unemployed, but looked after her sister's house during the day. She was financially supported by her boyfriend who was employed as a taxi-driver by her brother-in law (who is married to her older sister).

Household income per year: This question was later excluded, after the pilot study participants said, it was inappropriate and irrelevant to the fact that one was raped and how one was coping thereafter.

Religion: She was brought up as a Christian, but had not been in church since she left her home in the Eastern Cape about 5 years ago.

Type of rape: She was raped by a stranger in a typical case of rape "as a tool of war".

Circumstances of rape: Her brother –in law was a taxi owner who owns a fleet of taxis. Her boyfriend was employed by her brother-in law as a taxi-driver. The rape happened during a period when there was a faction fight between different taxi associations in the area.

An unknown man came to the house during the day when she was alone. He demanded the keys to one of the Taxi's that was kept in the garage. When she did not have the keys, the man became violent and verbally abusive. He then locked the door, unhooked the telephone and pushed her to one of the bedrooms.

He forced himself to her. When he had finished raping her, he continued to look for the keys before he left the house. Although the perpetrator was not found, both her boyfriend and brother-in law thought he was from the other taxi association camp. They thought the rape was their way of fighting. If her boyfriend and her brother-in law are right then her rape case can be regarded as "rape as a tool of war".

General health condition during the initial interview: She was highly pregnant, and of small stature.

Researcher's observations as noted on field notes:

When was seen on the day when she came for her HIV results. She looked deep in thought and disturbed, but agreed to come for an interview on the following day. She was accompanied by her

boyfriend who looked after the son while she went in for the interview with the nurse and with the researcher.

She was brought by the boyfriend for the interview the on the following day. He phoned the researcher's office number to check if they arrived safely and when he could fetch them.

During the interview, she was composed except at one point where she broke down and cried, saying she does not know why men always do this to her. It turned out from the interview that she was continuously sexual abused by a maternal uncle when she was about 6 or 7 years old. She never told anyone about it. She thought she had forgotten it, until she was reminded of it by the current rape.

She also revealed that she was told on the previous day that her HIV results were positive. She had not yet told her boyfriend about the results.

When the researcher wanted to confirm the date for the next interview, she looked doubtful, and then indicated that she may go to Eastern Cape and did not know whether she would be able to come. She agreed on the set date and asked the researcher to remind her about the meeting anyway.

It later came out that she was doubtful of the second interview, because she was having suicidal thoughts.

Participant 7 (P7)

Age: P7 was 29 year old.

Marital Status: She was married, but was separated from her husband for about three months following domestic violence.

Level of education: She had primary school level of education.

Pregnancy status during the time of rape: She was not pregnant.

Number and relationship of people staying with to her: She was temporarily staying with her three unmarried sisters.

Number of own children and their ages: She had an eight year old son from a previous relationship who stayed with her aunt in Eastern Cape.

Employment and other source of Income: She was not employed, but was financially dependent on her three sisters who are domestic workers.

Household Income per year: This question was excluded.

Religion: She is a non-practising Christian.

Type of rape: This was a marital rape as she was raped by her husband.

Circumstances of rape: On the day that she was raped, she was walking with her younger sister. She met her husband on the street. He questioned her about the short skirt that she was wearing as well as no covering for her head, as would be traditionally expected of married woman. A married Black woman is expected to wear clothes below the knee and have her head covered at all times. When she stated that all her clothes were still in his house, he became verbally abusive, asking her why she was not at home where she should be then. He then dragged her to the nearby house which happened to belong to one of his relatives where he had been sitting outside with other men earlier. He dragged her in, threw her on bed and raped her while she tried to fight him off. Police were called by the sister who witnessed all that. He threatened to keep her there until she decided to return to their house with him.

The police arrived and took P7 to TCC and took him to jail.

General health condition during the initial interview: She had a swollen and blue left eye and scratches all over her legs and arms as a sign of being dragged on the tarred street and sandy ground.

Researcher's observations as noted on field notes: She looked young for her 29 years of age, with a short hair. Traditionally, a married woman should not cut her hair without her husband's permission. Doing so is regarded as a sign of defiance. She looked determined to stop the relationship with her husband.

Participant 8 (P8)

Age: P8 was 23 year old.

Marital Status: She was single, but was in a new relationship for three months with the man.

Level of education: She finished high school education

Pregnancy status during the time of rape: She was not pregnant.

Number and relationship of people staying with to her: When she moved out of her boyfriend's place, she went and stayed with her relatives. This consisted of her grand mother, her aunt and her husband and three cousins.

Number of own children and their ages: She had no children

Employment and other source of Income: She worked as an usher at the local arts theatre.

Household Income per year: This question was later excluded, after the pilot study participants said, it was inappropriate and irrelevant to the fact that one was raped and how one was coping thereafter.

Type of rape: It was a dating rape because they were in an established relationship when she was raped by her partner.

Circumstances of rape: Since they moved together, they had several fights over his constant demands for sex and his jealousy about her meeting other people. In their recent fight, she had refused to have sex with him. He then tied her hands behind and kept her standing against the wall naked. He then started kissing her all over after. She pretended to be responding to her kisses, and bit his lower lip off. He ended up in hospital where the lip was sutured back.

Although they both apologised to each other, after that incident, she decided that they had to separate because there was no more trust between them. She was telling him about her decision when he grabbed her and pushed her to bed. He started having sexual intercourse with her without wearing a condom.

They had used a condom before, but on this particular day of rape, he did not use a condom, stating that "I am going to sleep with you flesh to flesh whether you like it or not!"

She left him in the house and went and call the police who came and took her to TCC and him to jail.

General health condition during the initial interview: She looked physically well although she complained of having a bloody and smelly vaginal discharge which she hoped would clear as she was taking the tablets that she received from the TCC.

Researcher's observations as noted on field notes: It seemed that she was concerned about contracting HIV, because she did not know her partner's HIV status and his reasons having sex without a condom when she told him that they should stop the relationship.

She was not accompanied by anyone. She looked very angry with the perpetrator.

Although she was told that her HIV results were negative, she was not very excited as she knew about the window period. She was involved in a community HIV awareness programme where she learnt about the window period.

Participant 9 (P9)

Age: P9 was 20 year old.

Marital Status: She was not married but was in an established relationship with her boyfriend.

Level of education: She had completed secondary school education

Pregnancy status during the time of rape: She was not pregnant at the time of rape, but she got pregnant by her boyfriend three months after the incidence of rape.

Number and relationship of people staying with to her: She stayed with her grandmother and four cousins, but she spent most of the time at her boyfriend's parent's home where her boyfriend had an outside room in his boyfriend's parents' house. Her mother stayed in the Eastern Cape and her father stayed somewhere in Cape Town.

Number of own children and their ages: She had no children.

Employment and other source of income: She worked as a waitress in order to get money to go to the college the following year. She also got support from her boyfriend.

Household Income per year: This question was not asked.

Religion: She was brought up as a Christian, but she was not actively involved in church going.

Type of rape: She was raped by a stranger.

Circumstances of rape: On the day she was raped she was delivered by the Restaurant's Staff transport at her boyfriend's home at about eleven thirty at night. She realised that her boyfriend was asleep as his room was dark. She decided to go to the nearest public phone to call him instead of shouting and calling him to come and open the gate for her. She could have woken up his parents and the neighbours.

On her way to the public phones, she met the man who pretended to be concerned about her safety. She even thought that perhaps he knew her boyfriend, but he turned around and pulled her off the phone as she tried to make a phone call. He pulled her to the dark corner and raped her. He ran away when he finished and disappeared among houses.

She ran home and banged the gate until her boyfriend's father came to the gate. She does not remember what happened after that. She was accompanied by her boyfriend to the TCC the following morning after she had explained what happened to her.

General health condition during the initial interview: She looked physically well.

Researcher's observations as noted on field notes: She was soft spoken throughout the interview, as if she did not want to be heard speaking about what happened to her. She later explained that she just can not believe that a man that looked so decent could do that to her.

Participant 10 (P10)

Age: She was twenty-two years old.

Marital Status: She was not married but had a steady boyfriend who was also a father of her 3 year old daughter.

Level of education: She completed secondary school education level. and is employed as an administration clerk for the Law Firm in Cape Town.

Pregnancy status during the time of rape: She was 27 weeks pregnant when she was raped.

Number and relationship of people staying with to her: She stayed with her parents and three sisters and a brother and his partner, a house maid as well as her child.

Number of own children and their ages: She had a 3- year old daughter.

Employment and other source of Income: She was employed as an administration clerk for the Law Firm in Cape Town, got financial support from her boyfriend for bringing up their daughter. She also got financially supported by her parents as any other "child" in the family.

Household Income per year: This question was not asked.

Religion: Her family believed in both Christianity and traditional worshipping of ancestors. She went to church only on special occasions such as Christmas or Good Friday.

Type of rape: She was raped by a stranger.

Circumstances of rape: She was on her way to work when she was approached by an unkempt man on a bicycle. He demanded her to give him her hand bag and her earrings. She was startled and did not know what went over her. The man realised her state of shock and took advantage of it. He demanded her to get on the bicycle with him. He then cycled off the street to the sandy path to the bushes. They passed people who just looked at them and did not do anything to help. She said tears were coming down her face, but could not do anything.

When they were deep in the bushes, he asked her a lot of questions about herself, and her family. She said she was answering her truthfully. He became violent and abusive when she told her that she was working for the Law Firm. He accused her of thinking that she is clever for working for White Lawyers. He was going to show those lawyers that he was clever than all of them. He then asked her to take off her panty because he wanted to show her how clever he was. When she refused, he pushed her to the ground, lifted her skirt and pulled the panty aside and raped her vaginally. When he finished, he got on to his bicycle and cycled off. He did not take her bag.

She stood up, took her bag and one shoe (the other shoe fell off from the bicycle) and ran, towards the sound of passing cars in order to get out of the bush. She was seen by a man who stopped his car and came to her. She tried to run away from him, but he told her that he was a policeman and he wanted to help. He took her to the nearest police station. She was later taken to TCC after her family had been informed and her sister-in law (brother's partner) had come to be with her.

General health condition during the initial interview: She was in a state of shock when she arrived at the TCC. Her eyes were red from crying.

Researcher's observations as noted on field notes:

She was accompanied by her sister in law when I first met her at TCC. The following day, she was accompanied by her boyfriend (a father to her baby girl and the one she was pregnant with). He looked concerned and caring.

She looks beautiful and very much aware of her beauty, as she later stated that she does not fit the typical "face of raped woman".

She is the only one who preferred to be interviewed in town (at a selected parking spot, near her work place) She was later interviewed from her home when she was on maternity leave rather than at the researcher's office).

This left me with two thoughts. Either she was determined to get her life back to normal without or she was on denial of what had just happened to her.

Summary

The age of the participants ranged between 20 and 34. Only three were pregnant during the time they were raped. One of the participants got pregnant at least three months after the incident of rape of whom two gave birth during the study period. The other pregnant participant one disappeared before completion of the study.

Of all the participants, two were married, one was widowed and the rest were all in established relationships. One of the two married participants was already on separation with her husband and she was determined to keep the relationship like that.

Only three participants ended their established relationships with their partners. One participant reported ending her relationship with her partner at five months after the incident of rape. The other participant reported separation with her partner two months after the incident of rape. He was blaming her for the rape and the murder of their child by the rapist. Another participant was in the process of ending the relationship with partner when he raped her.

Six of the participants were employed when they were recruited for the study. Of the four who were not employed, one got a job in an administrative position with a big company in the Eastern Cape, another one got a job as a domestic worker. The third participant was in the process of enrolling for a skill training course through the TCC social worker. The participant who did not get employed, was the one who had never worked before. She was receiving social child care grant.

The only perpetrators who were caught were the acquaintance, date and marital rape perpetrators. Another perpetrator who was caught by the police was not known to the participant, but was known by the participant's sister. The perpetrators who were not known by the participants were not caught. Of the three perpetrators who were caught, only two got out on bail without the knowledge of the participants. The participants only became aware of their released status when they met them on the streets. The other perpetrator was not released as his wife (one of the participant) did not want to pay his bail of R500.00.

The eight participants also participated in the member checking of the developed theory.

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The eight participants also participated in the member checking of the developed theory.

APPENDIX H: LETTERS FROM PARTICIPANTS

29th May a

Linezugu

Kunesesha sigibe lemubuzo yakho.

Ndizumane ukuba lendlela oyeka ngayo

ibhalala kahuhle apha kumngoba

zonke lezinto ozithethayo zenzekile

nakem. Senduba ngokuthi ngoku but

ngengoba wena uthi abantu b. abafani

mina ndibona le oyedup wifansa sonke

lona exhlokumegize. Nale -picture

yakho ekhonisa kona cekatshi suphila

ama sisenhlunguini. Ngalekho siphude

afane noma sesiphida noma abanye

besheshisa kunabanye.

Thanks ngokuzile kona.

Enkosi Sinc.

Your story line ifana nam nalento yenzeke apha kum.
And nalc drawing yakho ndiyayingqinela kwamina. Ewe
kunengaba usisho.

Kanti injani i-research. Ndimane ndithetho nawe nje kanti
uzophendula yonke lento endikuxelela yona nabanye
abakuscelele ngayo uyenze imibuzo emihle kanje. Nyani
mna ndithi uyineuthe mfosi

Enkosi Sisi

magama awonke ngithi mna Ndiyakulela
sinegugu. ngayo yonke into athe wardenza
bitweni yam. Ngakho ke ekubeni kendalele
ngxaki endanditayo. ngoyena wandicebisayo
lunga ndoomi. Nam ngenxa enkuba ndandit
bele ngoYesu. ndazixelela ukuba yonke le mnd
ndolula. kwaye ayena mntu wandomele zayo
umyeni wam. ngoba ndandixelela ukuba
sisayi ephinde sivane. namtshato uyakugxaw
kuba ke sisayame ngoYesu. wakuwazi ukusikhu
kulo meko sasikuyo. kwaye ne family
ayi supportive kuthi.

12 JUNE 2006

SINE

Thank you Sisi for sharing your work with me I listened to your story as you put it. I looked at your drawings. I think it makes sense to me. I experienced and felt all your steps as put in the drawing.

I know that I am not yet there, and I know that I will one day return to myself, the old me, but does that ever happen? In your drawing you left it open, so I am open for that too.

Dankie Sine.

...intimate exclusive conference venue

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APPENDIX I: QSR NVIVO CODES

NODE LISTING

Nodes in Set: All Nodes

Created: 3/3/2006 - 9:38:58 PM

Modified: 3/3/2006 - 9:38:58 PM

Number of Nodes: 205

1 Acceptance as condition for healin 2

Description:

Node lookup: text coded by the node 'Acceptance as condition for healing'

Scope: { ANDI Data for analysis }

Result is a node coding all the finds: Acceptance as condition for healing (n)

Document finds are spread to (no spread). Node finds are spread to (no spread).

2 Acceptance as condition for healin 3

Description:

Node lookup: text coded by the node 'Acceptance as condition for healing'

Scope: { ANDI Data for analysis }

Result is a node coding all the finds: Acceptance as condition for healing (n)

Document finds are spread to (no spread). Node finds are spread to (no spread).

- 3** Acceptance as condition for healing
- 4** Acceptance of the act not person
- 5** Accommodative changes
- 6** Accompaniment to court
- 7** Accute awerenss of vulnerabilities
- 8** Actions Signifying recovery
- 9** Alcohol abuse in healing
- 10** Apology for healing
- 11** Attitude to men
- 12** Bail interferes with healing
- 13** becoming extra cautious
- 14** Being a new person
- 15** Being blamed
- 16** Being on guard involuntarily
- 17** Betrayal by own sister hurts
- 18** Bribery for withdrawal of case
- 19** Broken relationships
- 20** Caring from significant other help
- 21** Change in attitude towards others
- 22** Change in routine

- 23 Christian not immunised from rape
- 24 Church members support
- 25 Coldness in relationships
- 26 Comfort with sex
- 27 Community mobilisation
- 28 Community support
- 29 Complements make one feel good
- 30 Complete physical healing
- 31 Concern for others
- 32 Conditions for forgiving
- 33 Constant imaginary presence of rapist
- 34 Contextualising rape
- 35 Cooperation with detectives for justice
- 36 Couple's sexual life healing
- 37 Court preparation - for justice
- 38 Death of rapist interfering with healing
- 39 Denial as coping mechanism
- 40 Different types of counselling
- 41 Doing previous hobbies as healing
- 42 Emotional and intellectual change
- 43 Emotional healing
- 44 Empathy and understanding
- 45 Explanation of rape
- 46 Extra effort to improve appearance
- 47 Face of rape victim~survivor
- 48 False accusations
- 49 Family blaming connotations
- 50 Family connectiveness
- 51 Family support
- 52 Fear of being killed by the rapist
- 53 Financial Independence
- 54 First sight of rapist painful
- 55 Forgiving as a healing process
- 56 Forgiving self as healing
- 57 Freedom of movement stripped off
- 58 Friends' support
- 59 Future plans to help others
- 60 God save lives
- 61 God's intervention in sexual life
- 62 God's power of forgiving
- 63 God's power of healing
- 64 Gossiping interferes with healing
- 65 Gradual acceptance of the incident
- 66 Grieving interference with healing
- 67 Grieving the part of you that was lost
- 68 Harsh sentences for rapists
- 69 Healing as process
- 70 Healing as a family business
- 71 Healing as starting afresh
- 72 Healing starts with the person
- 73 HIV infection interference with healing

- 74 Hurting rapist lies
- 75 Imaginary stigmatisation
- 76 Importance of catching the rapist
- 77 Improsment is payment
- 78 Improved family relations
- 79 Improved physical health
- 80 Independence as readiness for relati
- 81 Indirect insensitivity
- 82 Informed decisions ragarding self pr
- 83 Insecurities in relationship
- 84 Insensitive family members
- 85 Insults about rape
- 86 Involuntary negative responses to me
- 87 Isolation from friend -HIV fear
- 88 Joking a sign of healing
- 89 Joking about rape heals
- 90 Justice as closure
- 91 Kangaroo courts -death of rapist
- 92 Lay vs professional counselling
- 93 Learning from rape as recovery
- 94 Learning from rape experience
- 95 Lies are unforgeable
- 96 Maintanance of family ties
- 97 Male support and attention
- 98 Maturity from the experience
- 99 Men condemning rape
- 100 Mom interest in case outcome
- 101 Motivation to help others
- 102 New relationships
- 103 No agitation when watching TV on Rap
- 104 Noticeable appearance improvements
- 105 Painful reminder of childhood sexual
- 106 Parental role keeps one going
- 107 Partner blaming
- 108 Partner blaming himself
- 109 Partner reassurances
- 110 Partner support
- 111 Partner unforgiving
- 112 Partner vendetta
- 113 Partner's iritating behaviurs
- 114 parts of being taken away
- 115 Pastoral care and support
- 116 PEP inteferes with healing
- 117 Physical healing
- 118 Physical scars interfere with heali
- 119 Potential danger of repeat rape
- 120 Prayer power
- 121 Pregnancy as a sign of healing
- 122 Pregnancy interfering with healing
- 123 Pressure to withdraw the case
- 124 prevention of HIV

- 125 Professional help for healing
- 126 Professionals behaviours motivating
- 127 Professionals for justice
- 128 Protective family members
- 129 Psychosomatic vs physical pains
- 130 Psychosomatic pain
- 131 Public disclosure
- 132 Purpose for life
- 133 Rape an old memory
- 134 Rape as a tool of war~
- 135 Rape as on old memory
- 136 Rape is a private matter
- 137 Rape is a public problem
- 138 Rapist animalistic behaviour
- 139 Rapist is a criminal
- 140 Rationalising forgetfulness
- 141 Readiness for relationship
- 142 Reconnecting with self
- 143 Redefining self as survivor
- 144 Regaining freedom
- 145 Regaining power of self defense
- 146 Regaining spiritual self
- 147 Regaining what was lost
- 148 Relationship with rapist interferes
- 149 Release of rapist delays healing
- 150 Release self from unwanted feelings-
- 151 Relocation
- 152 Reminders of rape
- 153 Repetence before forgiving
- 154 Repetence before healing
- 155 Repetition of same info to different
- 156 Resilience
- 157 Revulsive behaviour towards men
- 158 Rights to respect same for all perso
- 159 Risky relationship
- 160 Secure relationship
- 161 Seeing things differently
- 162 Seeking and availing self for suppor
- 163 Selective disclosure
- 164 Selective forgetting about rape
- 165 Self blame
- 166 Self protection
- 167 Self value
- 168 Sexual healing
- 169 Sexual life affected
- 170 Skills training for a job
- 171 Social worker support
- 172 Societal blaming connotations
- 173 Societal expectation of rape survivo
- 174 Spiritual healing
- 175 Starting afresh

APPENDIX J: MEMOING

in his head. That is why I wish to see him. I don't know what I can do to him when I see him but I need to see him. Something inside says, he owes me an explanation. He owes me that! 📖

Are you scared of him?

I think that maybe I will be completely better if I can talk with him.

In other words although you are saying you are better you have not forgiven him?

Really, I will not be pleased until I see him arrested I have not agreed with him. I don't know what happened to him. No I think I have not forgiven him.

In other males generally don't you find yourself having anger towards them?

I choose them, there are those who like to joke sometimes I can't take their jokes.

What kind of a joke?

For instance if we are waiting for the transport and we say, no we are walking you will get us on the way there will be the one saying "you will be raped go". I will feel that I cannot take the joke and avoid that person, but when it's comes from a male it's as if he's talking me.

Last time you said your sexual relations are going well. Is there any change in that?

Smiling—— YES, everything is fine we don't have a problem.

But you are laughing, is there something that you don't tell me?

No.....(silence, but still smiling) , there is but please let us talk about it when we finishing not now. Really I will tell you (laughing sheepishly) Okay, that fine we can continue, remind me when I'm forgetting.

Question: You said you started with counseling, are you still going?

Yes, I'm still continuing with counselling, it helped me really. You know to arrive at a place where everybody is saying the something it helps. For instance at work people are treated anyway. When I am there I forget everything. I can recommend that to anyone that has been raped to meet the others with the same problem as hers.

What is the boyfriend saying about HIV results?

He is happy saying we were fortunate and we have stopped using a condom now. He is saying he doesn't see anything that can stop our life together from now on.

At your home, have you told them since 3 months is finished?

I have not told them. Like my mother is in Eastern Cape. I cannot tell her because she will be hurt not knowing that I'm right. I cannot tell my father because he doesn't care. I told my grandmother, she started by being wrong saying where was I going—I didn't mind her I just left without answering her. I don't know whom did she spoke to because she called me again. And apologized for asking everything she asked and she asked how do I feel. I felt right more when she says that's.

For you to say "I have survived" what can make you know to say you have survived too much!

Maybe if I can see that person and find out how do I feel thereafter or rather see him arrested perhaps I can feel that survived now.

How it is at work to deal with customers, is there change in that?

I'm right to deal with customers, I've gone back to my shifts I'm not scared. At home I have my own key so that I don't knock when I arrive.

I think I'm finished now is there another thing you want to tell me or must we go back to the one that makes you laugh?

Yes let's go back to it.

Do you want us to record it or not?

NO, its right we can record it.

I didn't feel well at work, I did pregnancy test from the chemist then we confirmed last Saturday with the doctor. My boyfriend is happy.

How are you?

I'm happy I don't have a problem because is his child but I'm scared of adults.

So have you established that it is not by any chance related to the rape? 📄

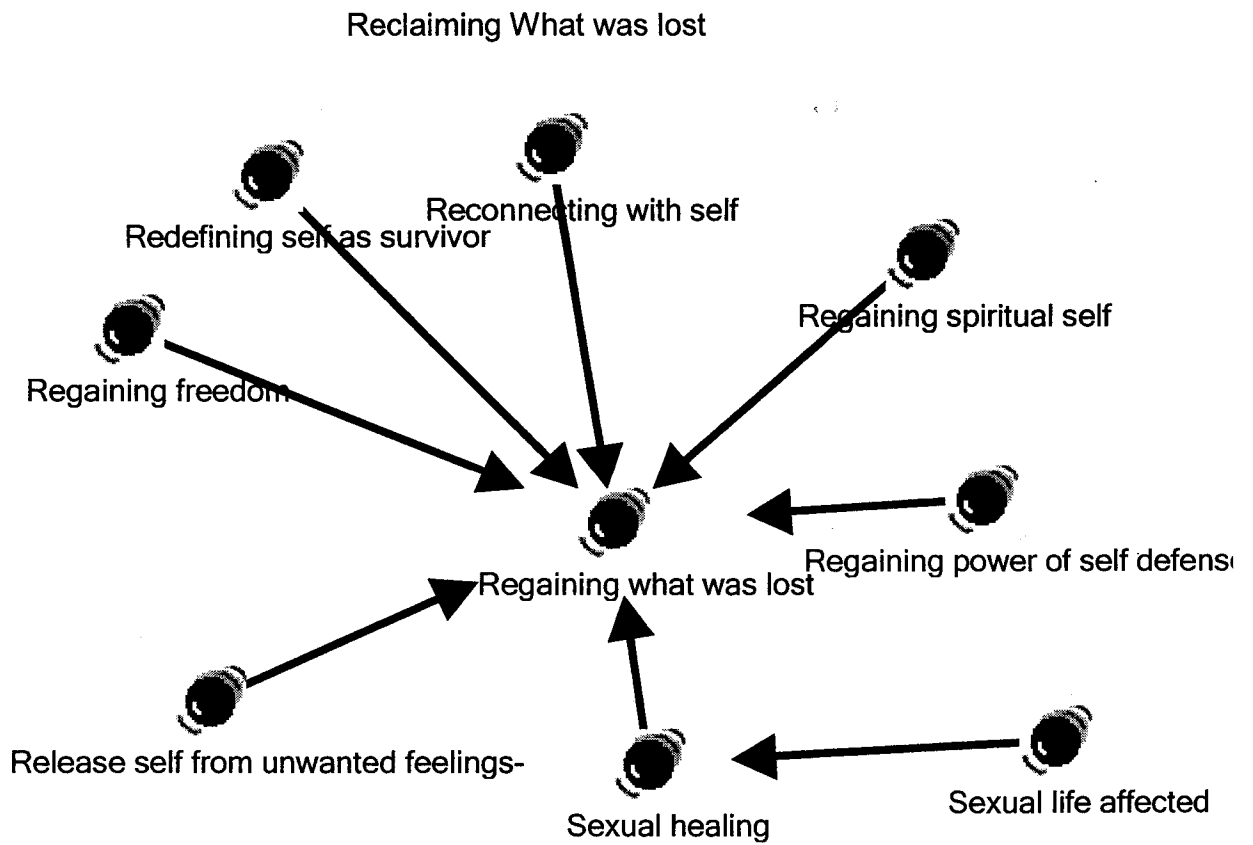
Yes, I have taken all the treatment from Jooste and I was menstruating till May.

Thanks for sharing with and I am happy for the two of you. If that is what you wanted. We will see how the pregnancy is treating you.

Our next session will be on the 27th of September that will be end of 6 months.

OBSERVATION: Well groomed, more confident and openly sharing smiles and laughter. Gives me the impression of having moved from the way she looked at the first interview.

APPENDIX K: INTEGRATIVE DIAGRAM



APPENDIX L

An illustration of how the Storyline was conceptualised is provided below:

This is the same storyline that was shared with different people during the selective coding. It also led to the selection of the core category and the emerging theory was as described below.

Based on the findings of the study, the returning journey starts as the raped woman realises the implications of the event of rape to her life. She “awakens” from the state of “*mental paralysis*” to the fact that she has been sexually violated and victimised. During “*awakening*”, she can become angry with self or angry with god for allowing this to happen to her or blaming self and feeling guilty. She can then seek help, selectively disclose that she had been raped selectively i.e. selecting whom to tell and how much to tell and when to tell.

She then develops “*pragmatic acceptance*” which allows her to move further within her journey of returning to self. It is pragmatic acceptance because her “explanation” of the rape event helps her to come to terms with the rape in order to move on to the next point in her returning journey, the “*turning point*”.

At the turning point, she either takes a backward or a forward direction depending on her “*biographies*” and other intervening conditions and contextual conditions. The determining factor for the “Turning point” is taking control for own recovery or lack of such control.

The direction of the returning journey can be **backwards or forward**. The former is a direction towards the stages that one has supposedly passed including re-living the traumatic event of rape which is commonly seen in post-traumatic stress syndrome. The latter relate to a returning to self as a survivor. The direction is influenced by the intervening and contextual conditions.

Those who take a forward direction embark on the stage of “*Regaining what was lost*” through the event of rape. They identify and define their own specific “landmarks” as indicators of their healing process. They all have a deep yearning for closure. “*Seeing justice done*” done (religious and legal justice) and “readiness to forgive the perpetrator or confront the perpetrator are the signs of readiness for closure. At the end of six months,

survivors who have engaged themselves in "regaining what was lost" strategies are ready to deal with the traumatic situation in a way that restores a sense of control, hence their yearning and desire to confront the rapist.

"Seeing justice" done can possible lead to closure and complete return to self as a survivor.